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HOSPITAL MANAGEMENT

April, 1917

In This Issue:

Mobilization of Hospital Resources for the War —Page 8

Industrial Hospital as a Community Factor— Page 22

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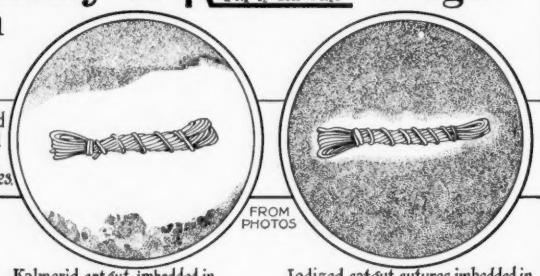
Volume III, No. 3.

XUM

Germicidal Efficiency of KALMERID Catgut
REG. U.S. PAT. OFF.
$2\,Hg\,I_2 \cdot 2\,KI \cdot 3\,H_2O$

as compared with Iodized Catgut

The lighter areas about the imbedded sutures represent zones of no bacterial growth, while the darker portions in the plates are masses of staphylococcus colonies.



Kalmerid catgut imbedded in agar infected with Staphylococcus pyogenes aureus.

Iodized catgut sutures imbedded in the same medium. Note the proximity of the staphylococcus colonies.

The marked inhibitory power of Kalmerid catgut, as compared with iodized sutures, is strikingly shown in the above photographs. It is evident that Kalmerid sutures exert in the tissues a far greater antiseptic action than do the usual iodized sutures.

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This Push Button is attached to a cord, convenient to the patient. The other end of the cord is plugged into a station. When a PATIENT WANTS A NURSE, HE PRESSES THIS PUSH BUTTON, AND THEREBY LOCKS IT. Positive contact throughout all the operating circuits is immediately made by this act, without the aid of solenoids or relays.

Flush Buzzer Cat. 31-162

Now, this contact effects various results according to the kind of apparatus installed:

It will light a lamp outside the door.

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It will light a lamp in the superintendent's annunciator.

It will sound a buzzer to call the attention of the nurse or superintendent to the annunciator.

In a ward, it will LIGHT INDIVIDUAL BED LAMPS AS WELL AS THE DOOR LAMP, if desired.

Lamp Annunciator Cat. 52-162

IT WILL KEEP ALL THESE SIGNALS OPERATED UNTIL THE NURSE RELEASES THE LOCKING BUTTON AT THE PATIENT'S BEDSIDE. This insures her prompt attention.

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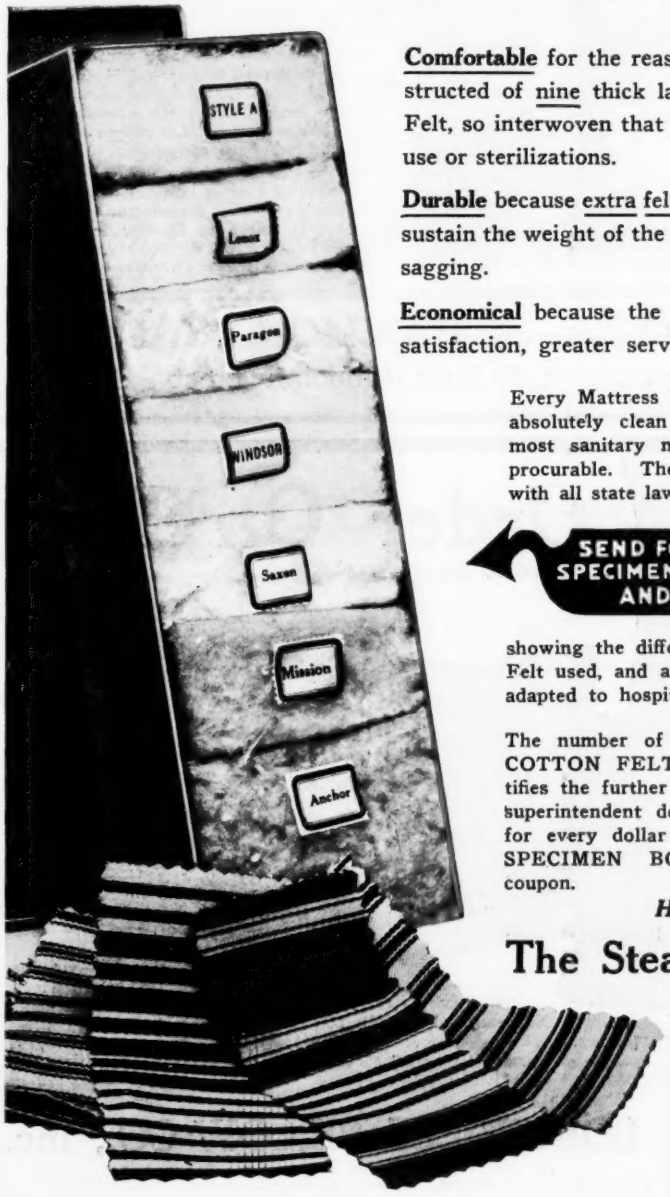

Comfortable for the reason that every Mattress is scientifically constructed of nine thick layers of new, clean, soft, and fluffy Cotton Felt, so interwoven that they will not lump or pack under continued use or sterilizations.

Durable because extra felt is placed where required to most effectively sustain the weight of the body. A Crowncenter construction prevents sagging.

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showing the different grades of Cotton Felt used, and also those tickings best adapted to hospital use.

The number of hospitals using these COTTON FELT MATTRESSES justifies the further investigation of every superintendent desiring greater returns for every dollar spent. Send for the SPECIMEN BOX today—use the coupon.

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Hospital Department

The Stearns & Foster Company

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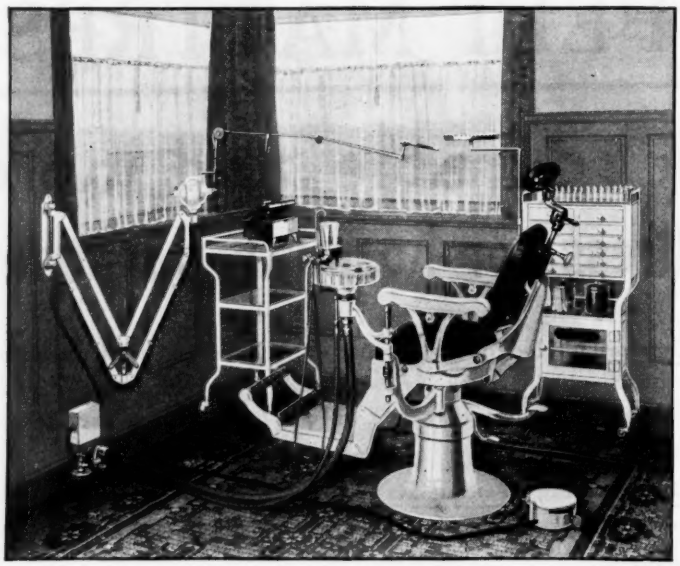
Largest Manufacturers of Cotton Felt Mattresses in the World

Dental Equipment Is Necessary



DENTAL equipment has become an essential part of the Modern Hospital, both for diagnostic and operative purposes.

Comprehensive diagnosis is impossible unless ***all*** points of possible focal infection are examined. Modern practice has demonstrated that in the teeth are frequently found the loci of streptococci infection. The diagnosis and treatment of the systemic effects of such infections would be impossible except by thorough examination, both superficial and radiographic, of the teeth.

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Let us supply your needs—we specialize in serving hospitals. Clean, fresh "pick of the pick" goose feathers make up Loupilco Pillows. No head ever rested on more comfortable and more sanitary pillows.

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In the Heart of America's greatest feather producing section.

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KALMERID

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is characterized by freedom from irritation

Daily applications to the conjunctiva and bladder mucosa of laboratory animals caused no local reaction.

No functional nor microscopic changes were found in the kidney tissue of rabbits and guinea pigs in which massive muscle sutures of Kalmerid catgut had been embedded.

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Not One Good Issue But Twelve!

Look over this number of HOSPITAL MANAGEMENT and see if you don't agree with us that it is one of the brightest, snappiest, most interesting, most helpful issues of any hospital magazine you have ever seen. Our articles are attracting international attention, because they are timely, concisely presented and deal with practical subjects.

HOSPITAL MANAGEMENT

is making every issue better than the last. It is not a case of giving the reader one good number a year, but twelve. Every month the editors scan the whole broad field of hospital administration, and select those subjects which are of most importance at that particular time. Thus each issue is brimful of worth-while material, which you are certain to be interested in.

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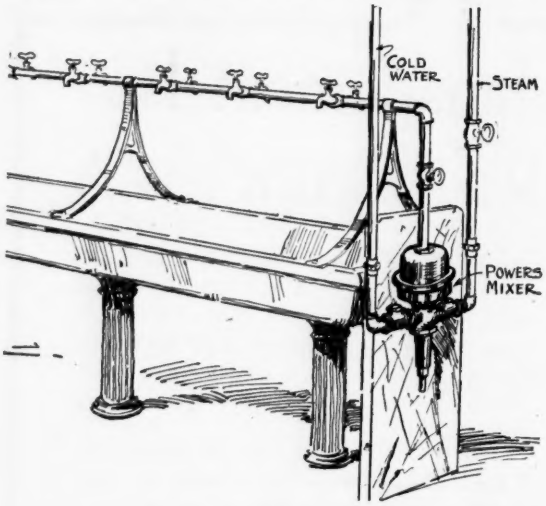
Accident Prevention Saves Time, Money, Suffering



The Industrial Plant Doctor and Nurse should see that every available means is employed on the plant for safe-guarding the health of the men.

If the men's wash-sinks are not safe against scalding

The Powers Thermostatic Steam and Water Mixer

should be installed. It is the Safest—Surest—Easiest way to Prevent—Absolutely—any danger of accidental scalding.

Thermostatically controlled. Mixes live steam and cold water—noiselessly—and delivers water of any desired temperature.

Bulletin 137 contains full details.

Bulletins 124 and 134 describe devices for water temperature control, which are of interest to the Hospital Superintendent. Ask for all three.

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—established as another service feature of Hospital Management. Just another effort to render our readers real constructive assistance. This clearing-house has at its disposal, or can quickly obtain, full information on all materials, equipment and appliances pertaining to hospital use.

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Corsets
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Enamel
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Floors
Food Products
Furniture
Gauze
Heating Devices
Heating Systems
Hospital Garments
Hot Water Bottles
Hydrotherapeutic Apparatus
Ice Machines
Instruments
Kitchen Equipment
Laboratory Equipment
Laundry Equipment
Laundry Supplies
Lighting Fixtures
Linens
Linoleum
Lockers
Money-raising Systems
Mattresses
Nitrous Oxide Gas
Nurses' Supplies
Operating Tables
Oxygen
Paints and Varnishes
Ranges
Plumbing Fixtures
Record Systems
Refrigerators
Registers
Resuscitating Devices
Rubber Goods
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HOSPITAL MANAGEMENT is operated for the purpose of furnishing an open forum where anyone engaged in any department of hospital work may express his views on any subject of interest.

The best methods and the best plans of management are usually not the creation of one, but of all: being in fact a composite product, made up of the best thought of many minds.

We want every reader of HOSPITAL MANAGEMENT to be one of its editors, and to feel a responsibility for what goes into its pages. What do *you* want us to print? What are you most interested in? Is there any feature of your work regarding which you need help or advice?

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Things That Make Wesley Superior

Many little things make for Wesley's perfect efficiency and comfort of patients. There are no clanging electric bells or buzzers—Silent Signals, by means of lights are used. Each room has a bedside telephone. Each bed has a private Thermos Carafe for drinking water. Our own deep wells supply pure water. Our own dairy supplies pure fresh milk. Diet Kitchens, and an expert dietitian in charge insure proper and scientifically prepared foods. Private electric vacuum ing system silently keeps the Hospital clean free from dust. Our Operating Rooms are mode scientific modernity and sanitation. Private serv limousine. Nurses who are trained intensively and o love the service. Two salaried Resident Physician o meet every emergency. The latest resuscitating de e—The Lungmotor. These, and many other specia eatures make for perfect service at Wesley.

When it decided to provide equipment and facilities for dealing with sickness —that would put it among the finest hospitals in the world—it included THE LUNGMOTOR.

In a very fine advertisement appearing in the Oklahoma City newspapers recently, Wesley Hospital drew the attention of the community to the many features which the institution has. Among the things specially noted are a research bureau, a clinical laboratory, a pretentious X-Ray equipment and—

The Lungmotor

Notice the way in which the hospital refers to our apparatus—"The latest resuscitating device." Doesn't it look as though they had gone thoroughly into all the other apparatuses on the market and picked out the one they considered best?

Other Hospitals With LUNGMOTORS

Here are a few more hospitals which install Lungmotors after most critical tests. Look the list over.—The fact that institutions like these believe in and use the Lungmotor, should be ample evidence for you.

Los Angeles County Hospital, Los Angeles, Cal.
Columbia Hospital for Women, Washington, D. C.
Augustana Hospital, Chicago, Illinois.
St. Marys and Elizabeths Hospital, Louisville, Ky.
University Hospital, Baltimore, Maryland.
Boston City Hospital, Boston, Mass. Relief Sta.
Battle Creek Sanitarium, Battle Creek, Mich.
St. Marys Hospital, Rochester, Minn.
Kansas City General Hospital, Kansas City, Mo.
Hospital Department Union Pacific R. R. Co., Omaha, Neb.
Bellevue Hospital, New York City, New York.
Dannemora State Hospital, Dannemora, N. Y.
Fordham Hospital, New York City, N. Y.
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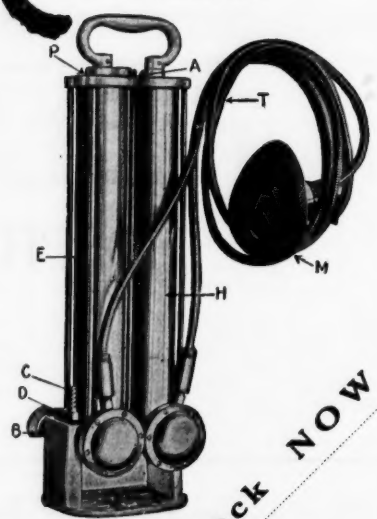
Mount Sinai Hospital, New York City, N. Y.
Sloane Hospital for Women, New York City, N. Y.
Jas. Walker Mem. Hospital, Wilmington, N. C.
Cleveland City Hospital, Cleveland, O.
Good Samaritan Hospital, Cincinnati, O.
Grace Hospital, Cleveland, O.
Lakeside Hospital, Cleveland, O.
German Hospital Philadelphia, Penn.
Hahnemann Hospital, Philadelphia, Penn.
Mt. Sinai Hospital, Philadelphia, Penn.
Pennsylvania Eye & Ear Hospital, Pittsburgh, Penn.
Roosevelt Hospital, Philadelphia, Penn.
West Penn Hospital, Pittsburgh, Penn.
Woman's Homeopathic, Philadelphia, Penn.
Baptist Sanatorium and Hospital, Houston, Tex.
Rutland Hospital, Rutland, Vt.
U. S. Naval Hospital, Norfolk, Va.
Seattle General Hospital, Seattle, Wash.
Milwaukee Hospital, Milwaukee, Wis.
Lincoln County Miner's Hospital, Kemmerer, Wyo.

There are over 4000 Lungmotors available for use all over the world. Ask for 46-page list of users.



The Infant Lungmotor

was designed and made by us expressly to meet the wishes of a large number of physicians who had found the regular Lungmotor to be all we claimed for it. Every doctor practicing obstetrics needs the Infant Lungmotor. He ought to have one in his instrument case at all times.

IT'S A NEED IN ALL MODERN HOSPITALS

just as essential as an up-to-date operating theater, first-class anesthetics and modern instruments. Progressive hospital practice recognizes the need of Lungmotor protection.

Let Us Tell You More About It— We'll Be Glad To

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I'll be glad to hear what you have to say regarding the Lungmotor. Let me have the particulars, please.

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April, 1917
Vol. III, No. 3

HOSPITAL MANAGEMENT

608 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

This Young Fellow Has Been Growing Right Out of His Clothes

Suggestions for War Service Made to Hospitals

Committee on Preparedness Recommends Establishment of Red Cross Supply Depots and Expansion of Facilities—Staff Problems Handled

The Committee on Preparedness of the American Hospital Association, of which Dr. Frederic A. Washburn, superintendent of the Massachusetts General Hospital, Boston, is chairman, met in New York April 7, the other number of the committee, Capt. E. F. Leiper, U. S. N., retired, superintendent of the Protestant Episcopal Hospital, Philadelphia, and Dr. W. G. Nealley, superintendent of the Brooklyn Hospital and secretary of the committee, also being present. Energetic work by the hospitals was outlined.

The committee understands that the American Red Cross now has all the Base Hospitals which it desires. For this reason it was determined that no action on this subject was indicated. The Committee has already notified the Director General of Military Relief of the American Red Cross of its desire to co-operate in every way with that organization.

The committee next took up for consideration the matter of the expansion of the hospitals of the country, and makes the following recommendations:

That the American Red Cross establish supply depots upon which the hospitals may draw in emergencies, either military or civil, if called upon to expand. The committee makes this recommendation in the interest of economy and efficiency, and to avoid the duplication of reserve medical supplies by hospitals and other associations. If the Red Cross desires any assistance from this committee it is at its service.

The committee urges the hospitals of the association immediately to make a survey in detail of their facilities for the accommodation of patients, and how they may expand, the survey to include: alteration or extension of buildings; location of additional beds; how all necessary supplies may be provided promptly in case Red Cross depots are not available; how to secure additional personnel.

It further suggests that hospitals which have not already done so train nurse aids under the auspices of the Red Cross and have a list of these women available.

The committee urges all hospitals to immediately fill out and return the inventory forms sent out by the Council of National Defense.

The committee endorses and urges upon the hospitals of the association the recommendations of the Surgeon General of the Army as follows:

One other great service that your Association can render this department is interesting the interns in the Medical Corps of the Army as a career. There are at this time 230 vacancies in the Medical Corps with about one hundred qualified candidates. On July 1st there will be an additional two hundred and twenty-two vacancies, or a total of three hundred and fifty-two vacancies. The Department desires to fill these vacancies during 1918. This can be done only through the aid of the American Hospital Association.

It was also suggested that the hospitals send out circular letters to physicians not now members of their staffs, asking whether in the event of staff members leaving for military service they would be willing to accept temporary staff appointments, and to members of the staff asking whether they would be willing to do extra work in their own or other departments if the necessity should arise.

In regard to the organization of base hospitals, Dr. W. H. Walsh, secretary of the American Hospital Association, says in the May bulletin of the association:

The American Red Cross is organizing as rapidly as possible base hospitals in all parts of the country in order that the U. S. may be prepared, if the exigency arises, to care for an unlimited number of sick and wounded soldiers. It is the usual practice to utilize an already existing hospital as a center upon which may be built the personnel and equipment. Up to the present time, there have been organized about 30 such hospitals, but all are not completely officered or equipped.

Approximately $25,000 is required to properly organize a regulation base hospital, and each community is expected to contribute the funds.

Base Hospitals are organized in accordance with the regulations of the Medical Department of the U. S. Army under the supervision of Col. Jefferson R. Kean, Director General, Military Relief, American Red Cross.

Each hospital must provide for 500 beds and a personnel of 196, consisting of twenty-three physicians, two dentists, and two laboratory assistants and one Roentgen-ray operator. The Medical Staff is divided into one medical director, two administrative officers, one quartermaster and one adjutant, nine surgeons and seven medical men. Included in the personnel are one chaplain, fifty nurses, twenty-five nurse's aids, eighty male employes and fifteen civilian employes.

There are many cities in which base hospitals could and should be organized and this office will be glad to furnish information or assistance to any hospital contemplating such organization.

Dr. Winford H. Smith, superintendent of Johns Hopkins Hospital, Baltimore, and former president of the American Hospital Association, represents the hospitals as a member of the General Medical Board of the Council of National Defense, appointed by Dr. Franklin H. Martin, the medical member of the Advisory Commission of the Council. The first meeting of the General Medical Board was held in Washington April 9, and Dr. Smith, as chairman of the hospital committee, made a report.

The committee recommended that all general hospitals of 100 beds and over be communicated with by the General Medical Board, urging the present medical needs of the army and navy and suggesting that hospital authorities reorganize their staffs with a view to releasing as many men as possible for war service.

The preparation of a selected list of hospitals,

(Continued on Page 30)

Architecture Suggests Domestic Character

Cottages at Hospital for Insane, Whitby, Ont., Eliminate Institutional Atmosphere—Classification of Patients Effected

Many new ideas for the care of insane patients have been worked into the design of the buildings of the Hospital for Insane, Whitby, Ont., which have recently been put into use. The institution is one of the most important of the kind in Canada, and was built largely of materials manufactured at Government plants.

The two principal ideas which have been carried out at Whitby are the classification of patients into two groups, hospital and industrial; and planning for sunlight in all wards and rooms occupied by patients at all seasons of the year, and especially during the winter. This is particularly important in Canada on account of the severity of the cold weather.

Cottages used by patients who are physically well enough to be occupied regularly have none of the usual "institutional" appearance, but the architectural treatment suggests dwellings instead. At the same time, however, the interior arrangement maintains the hospital character as to wards, single rooms and treatment rooms, so as to enable nursing and other service to be properly provided.

The institution is divided into three centers. The principal one is the hospital center, consisting of four hospital buildings, with central kitchen and dining rooms, while the other two are the groups of cottages for men and women, respectively. They are separated from the hospital center by recreation and athletic grounds.

Two of the hospital buildings have accomodations for sixty-three patients each, and are used as reception and observation hospitals, as well as for incipient cases. There are also two convalescent cottages, with a capacity of thirty-five each, in this center. The other two hospital buildings provide for 104 patients each, and are used for recurrent acute cases.

The reception and observation hospitals form a unit distinct from the remainder of the institution, though closely in touch with it. Here patients are received, cared for and treated. If satisfactory progress is made, they are given a period of probation in the convalescent cottages, which are in the same center, so that they do not come in contact with cases of longer duration.

If progress of the case is not satisfactory, the patient is transferred to one of the cottages in the industrial group, if the bodily health of the patient permits this; or to the infirmary or other hospital building if the condition of the patient suggests this method of treatment. The arrangement is such that the exact facilities and treatment best suited to the individual case may be provided.

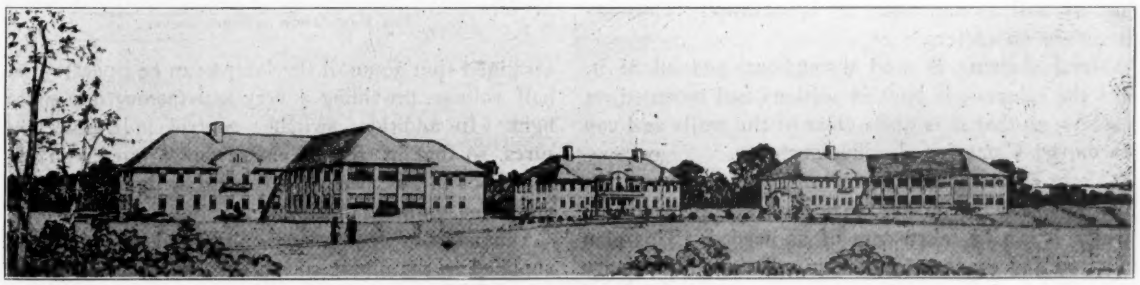
The cottage centers consist of two groups of eight cottages each, with a capacity of from 57 to 62 patients in each building. An infirmary is provided for each group, to take care of all patients assigned to cottage centers who require special nursing. The cottage centers are for patients who do not require, or have ceased to require for a time, special medical treatment, as well as the more easily managed patients, those in industrial occupations and all whose condition is benefited by the suggestion of normal home life.

Isolation hospitals permit the segregation of all cases of tuberculosis and other contagious or infectious diseases.

The equipment of the institution is unusually elaborate, provision having been made for continuous baths and other hydrotherapeutic measures, electrotherapy, hot air baths, massage, special rest-rooms, and equipment being installed for surgery, dentistry, ophthalmology, etc. Sun rooms are a feature of all the hospital and infirmary buildings. Medical research work has not been disregarded, but clinical and laboratory facilities have been established, with lecture rooms for demonstrations and the training of the staff.

The design of the cottages is especially interesting. The ground floor is reserved for day use, with sleeping accommodations on the upper floor. The sleeping wards and day rooms are unusually bright and cheerful, and their openness and lack of any suggestion of restraint are noteworthy. Supervision by nurses, however, is made easy.

Each cottage is a hospital to itself, having its own



ARRANGEMENT OF BUILDINGS AT HOSPITAL FOR INSANE, WHITBY, ONT.
James Govan, Architect

XUM

facilities for hydrotherapeutic treatments and its own diet kitchen. Balconies are placed at the front and rear wing of each cottage. Harmonious color combinations in tan, green and ivory have been worked out on the walls and ceilings, while the warm reds of the quarry tile floors and brown linoleum, with the brighter patterns and colors of the window draperies, all tend to emphasize the home-like character to which reference has already been made.

In the wards and single rooms small tables have

INTERIOR OF ONE OF THE COTTAGES

been provided with a drawer for each patient, holding brush, comb and other toilet articles, and equipped with brass rail for an individual towel.

In the infirmaries a number of interesting features are noted, including verandas or balconies connecting the main wards. These are closed with storm sashes in winter, making nursing supervision more convenient. A sloping ramp connects all floors, doing away with the need of elevators, which cannot be used to advantage with patients of this character. This method also makes a convenient form of fire exit. Sun rooms of large area are also provided in these buildings.

The construction and equipment details of the Whitby plant are numerous and interesting. A few of them will serve to indicate the care which has been given to every feature.

Instead of following the usual custom of folding patients' clothing and storing it on open shelving, it is hung on coat hangers suspended from rails in closed metal cabinets. This simplifies handling of the clothing, as well as improving its appearance. The cabinets are on casters.

Metal shelving is used throughout, and all of it, like the cabinets, is built in sections and mounted on casters, so that it is quite clear of the walls and can be moved about for cleaning purposes.

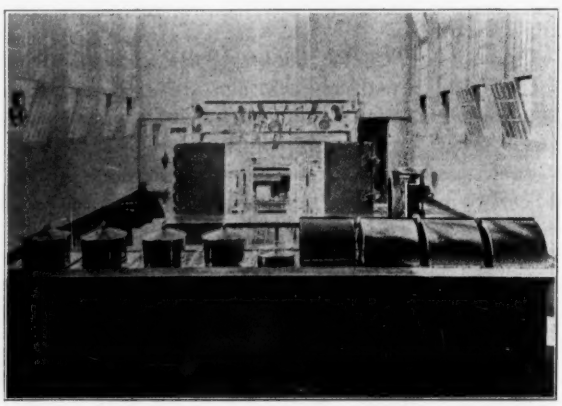
There is no exposed plumbing piping, as this might be tampered with, but chambers are provided in which it can be taken care of as needed. This plan allowed for economy in the installation of ordinary iron or rough brass piping, instead of nickel-plated or other more expensive material. Small push buttons in the walls above the plumbing fixtures are used for their operation.

The power-plant is located on a railway siding, and coal is delivered from cars into a track hopper. This connects with a scraper conveyor which discharges into the V-bucket conveyor in the boiler room, the latter being used for the removal of ashes and delivery of coal into the overhead storage bunkers. An overhead traveling hopper is used for weighing the coal.

Mechanical ventilation for the cottages is provided by separate supply and exhaust systems. Fans are located in the basement, all of the mechanical equipment of each cottage being concentrated in one basement room. This was done largely to reduce the danger of tampering with the equipment on the part of patients.

The fire protection system is connected with the mains of the town of Whitby, with a connection also to the fire pumps of the institution. All buildings in the group are equipped with stand-pipes, with fire reels and hose on each floor. Portable hand chemical fire extinguishers are distributed at advantageous points throughout the building. A fire brigade has been organized among employes of the institution.

The lighting system is interesting. The fixtures are of compo-plaster work, are the same color as the walls on which they are located, and are placed at such a height that none of the rays from the lamp strike the eyes directly. The fixture is made dustproof and sanitary by a glass plate. The wiring is so

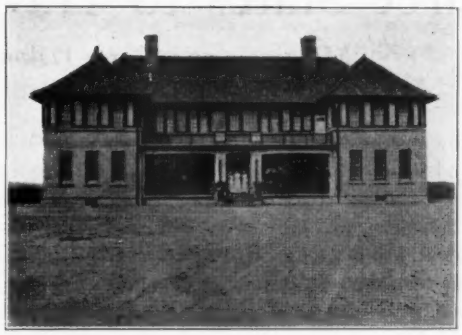


THIS KITCHEN HAS NO HOODS OR PENDANT FIXTURES
The Ventilation is from Below

arranged that some of the lamps can be operated on half voltage, providing a very satisfactory dim night light. In addition, switches control individual fixtures, so that in case of emergency a nurse can obtain light in any part of the ward without being encumbered with a portable lamp.

Dining-room ventilation is arranged so that air is supplied to the dining-rooms and exhausted from the kitchen. Individual vents have been provided in the

XUM



TWO OF THE TYPICAL COTTAGES WHICH MAKE UP THE PRINCIPAL GROUP OF BUILDINGS AT WHITBY
Note Domestic Character of Architecture

kitchen to remove the steam vapors from the cooking apparatus, thus enabling hoods to be eliminated, as they are both unsightly and insanitary. These vents are extended down to the floor and connected underneath to a main vent duct.

The decision to use low-pressure steam for cooking was made as the result of investigations, which showed that steam at a pressure of not more than five pounds is sufficiently high in temperature to do the work sufficiently and well. It is also more convenient for other reasons, as it is desired to measure the condensed steam as a basis of accounting for the steam used for different departments. A tilting type of steam trap is used for this purpose, each operation of the trap representing a certain number of pounds of condensate, so that by attaching a suitable counter giving the number of times the trap has operated, a measure of the steam consumption is secured from which accurate costs may be figured. By connecting the drops from all kitchen apparatus to a main tilting trap equipped with a counter, all condensation is measured.

The lighting arrangements in the kitchens have been such as to eliminate all drop cords, chains or rods, which would collect grease. There are eight ceiling outlets, each provided with a 150-watt lamp, which, together with an X-ray reflector, are inserted in the space above the ceiling. The only parts of the fixture which extend below are the shallow frosted bowl, used to diffuse the light, and the metal band which holds the bowl in place.

The danger that a helper may be locked into a cold storage room is even greater in an insane hospital than in a general institution, and for this reason a special device was installed, providing for locking the refrigerator doors from the outside, but permitting them to be unfastened from the inside.

The kitchens and eating arrangements at Whitby deserve attention, on account of their efficiency and unusual features. On account of the climatic conditions, it was obviously not practicable to arrange for the distribution of food from the central kitchen to the numerous cottages and infirmaries, so that patients are brought to the dining-rooms, which are grouped around the central kitchen. Only patients who are physically able are housed in the cottages, of course, those who are in the infirmaries being fed there.

Each cottage has its own special dining-room, so that the classification of patients and their segregation are maintained even at meal time. To facilitate supervision, and to make possible cross-lighting and ventilation, the dining-rooms are arranged in pairs, with a low dividing wall between, just high enough to prevent patients from seeing into the adjacent dining-rooms when they are seated at the table, while the nurse in one dining-room can look over the dwarf wall and exercise a degree of supervision over the patients in the next room.

The kitchen attracts attention at once, because of the absence of piping, hoods, lighting fixtures and other objects between the top of the equipment and the ceiling. Low-pressure steam is used on all the cooking equipment, and the down-draught method of taking vapors from the kettles and smoke from the range has almost entirely eliminated odors. Gauges recording steam pressures, a clock and an automatic indicator of the amount of steam used in the kitchen, are mounted on a specially designed gauge board, placed on the side wall, where it is in sight of the chef from either his office or the kitchen. This enables him to discard rule of thumb methods, and to be guided by the temperature of the cooking medium, while the recording counter checks waste of steam—an important item, the cost of which is overlooked in many cases.

Judgment for $2,500 has been entered against Dr. William A. Burns, former acting superintendent of Waverly Hills Sanatorium, Louisville, Ky., who was sued as a result of a whipping which Dr. Burns administered to a tubercular girl patient at the institution.

XUM

Three States to Have Hospital Associations

Minnesota and North Dakota Organize April 20, with Illinois Planning State Body—Catholic Hospitals to Meet in Chicago

Following the lead of Ohio, West Virginia, Maryland and Kansas, three more states are to have hospital associations. They are Minnesota, North Dakota and Illinois. The Minnesota organization will be effected at Minneapolis, April 20, according to a call sent out by fourteen of the leading hospital superintendents. The North Dakota organization meeting will be held on the same date.

The work of the Chicago Hospital Association in leading the fight on the Illinois eight-hour women's labor bill, insofar as it affected the hospitals, has already resulted in plans for the organization of a state association, which is to be affiliated with the American Hospital Association.

The association has reported that the committee in charge of the eight-hour bill has recommended that no further consideration be given the measure which has been up, and that a new committee be appointed to draft a substitute acceptable to all interests.

This is a decided victory, but it means that the situation must be watched to prevent the inclusion of the hospitals in the measure which it is now planned to draft.

Two other bills of interest to hospitals are before the Illinois legislature. One provides for a commission to establish a minimum wage for all classes of female employees, and the other calls for "one day's rest in seven," providing that a full day off duty be given every employe—not two half days.

Commenting on this situation, Dr. E. L. Olsen, secretary of the association, says in a letter to the hospitals:

"The introduction of such bills as these from time to time emphasizes the necessity for an organization to combat such legislation. The Chicago Hospital Association has worked hard and been subjected to considerable expense in this connection. In order to continue this work, and in order to advance the interests and improve the methods of hospital administration and management, we believe the formation of a state organization along lines which would enable later affiliation with the American Hospital Association to be advisable. Would your hospital be willing to join such an organization and delegate your superintendent to meet at a central point for the purpose of organizing such an association at an early date?"

The Chicago association has been working also on city ordinances affecting the institutions. Over its protest a measure was passed putting into effect a flat license fee of $50 a year. Heretofore hospitals doing a designated amount of charity work have been exempted, and few have had to pay. Some of the hospitals in Chicago spend $100,000 a year taking care of charity cases, the cost of which would otherwise fall on the community. For this reason it seems illogical to burden the hospitals as some members of the city administration are endeavoring to do.

An ordinance is now before the Chicago council providing that free water be furnished the hospitals. This is in line with the present practice, but some of the members of the council are opposing the ordinance and desire to compel the hospitals to pay for the water they use, regardless of the amount of charity work which they do.

With the announcement of the time and place of the annual meeting of the Catholic Hospital Association, the convention calendar for 1917 is about complete.

Dr. B. F. McGrath, of Milwaukee, secretary of the Catholic organization, has announced that the meeting will be held in Chicago, August 29-31. This will be the third convention, and the first held outside of Milwaukee. There is no doubt that it will be a great and successful meeting.

The American Hospital Association has announced that the Cleveland convention will be held at the Hollenden Hotel, September 10-15 being the dates chosen. The Cleveland Hospital Council is in charge of local arrangements.

The Kansas Hospital Association will meet at Salina, Tuesday, May 1, according to advices from Dr. W. R. Dillingham, of Halstead, who is secretary and treasurer of the association.

The Ohio convention should be one of the best of the year, judging from the splendid meeting held in Cincinnati last year. This time the gathering will be held in Columbus, the dates chosen for this meeting being May 22-24. The Ohio meeting of 1916 was second in interest and value only to that of the American Hospital Association.

Mattresses for Base Hospitals

The extent of the equipment being in the Red Cross Base Hospitals now being organized is suggested by the purchases of mattresses which have been made recently for these institutions. The Stearns & Foster Company, of Cincinnati, one of the best known concerns in this line reports that it has received a number of important orders of this character, including 1,000 mattresses for New York; 1,000 for Philadelphia; 500 for Chicago; 250 for Brooklyn and 500 for St. Louis.

War Unsettles the Markets

Foodstuffs, Dry Goods, Chemicals and Metal Products All Influenced by Entry Into Conflict

The food situation is causing more discussion and offers greater possibilities for trouble, both as to increased prices and difficulty of securing supplies, than any other line of goods which hospital buyers are in the habit of going into the market for. State hospitals and other institutions with farm connections will do well to make the most of these, as the foodstuffs situation is likely to cause difficulty if not distress before the year is over. Economical use of all hospital supplies, under the conditions developed by the war, are advisable.

Foodstuffs.—The general tendency is upward, and many authorities believe that only Government regulation of prices can stop the rise of prices to an unprecedented level. Canned goods manufacturers, who usually accept orders for later delivery, are refusing to book contracts, the scarcity of tin and the possibility that packing will be limited by this feature, causing them to hold off. Sugar has been rising rapidly. The increase in the price of wheat in a single week resulted in a corresponding flour advance of $1.40 a barrel, and it is declared that $15 flour is a possibility of the near future, as the result of the short crop of winter wheat and the heavy export movement, which is sure to continue, in view of the efforts of this country to assist in supplying the armies of the allies. Generally speaking, there is no market on futures, but all quotations are being made subject to immediate acceptance and prompt delivery, and under these conditions buyers are taking everything they can get, in an effort to stock up against the prospect of a definite shortage and very high prices.

Dry Goods—Blanket business for fall is very large, with many qualities becoming scarce, reports the John V. Farwell Company, of Chicago. The effect of national and international events has been to firm the market on many lines, and the tendency now is toward higher prices. The withdrawal of men from producing industries because of enlistment and the government's entering the market with large contracts for merchandise are factors now being seriously considered. Government requirements for blankets are being felt among mills and jobbers. This demand will no doubt affect the production available for trade distribution. Price of wool continues high and firm.

Laundry Supplies—As prophesied last month, prices have maintained the high level, and with hardly any exceptions at all are going still higher, says the Stanley Laundry Supply Company, of New York. This applies particularly to starch. Both wheat and corn have advanced within the last few days 1c per pound, with no chance whatever of reduction, while present conditions last. We particularly advise the purchase of blue, which is getting much scarcer. All kinds of cotton goods are very likely to advance, as mills are being overtaxed with government orders, which naturally have to go ahead of the regular line. Tallow also has advanced, which means in all probability another advance in the price of soap and soap powders.

Metal Goods—All houses are practically working to their capacity, says the Frank S. Betz Company, Hammond, Ind., and there is a large rush of business in all factories making hospital furniture on account of the government requirements. Our individual factories are trying to keep abreast of their requirements, and we have placed ourselves in a position where we are making from 15 to 30 days' deliveries on very large orders. We have found that by the addition of new machinery and buying all material in very large quantities it has not been necessary greatly to increase prices. All indications are that prices, in the next six to eight months, will continue to advance.

Getting Alcohol Tax Free

Regulations Regarding Purchase and Use of Fluid in Hospitals Are Outlined

Marion, Ohio.

To The Editor:—We read in an article in HOSPITAL MANAGEMENT by Mrs. Golightly that we could get alcohol tax free. Would you please tell us how to go about getting it?

We have just recently opened the hospital, formerly known as Marion City, now Marion General Hospital, and would be greatly obliged if you will advise us regarding this matter.

Respectfully,

MRS. J. O. STARR,
Superintendent.

According to the regulations governing the withdrawal of alcohol from bond for scientific purposes, applications for permits shall be made by the president or curator, who shall file a bond for double the amount of the tax on the alcohol to be withdrawn, on condition that the use of the alcohol is as specified. Hospitals with training schools are specifically included in the operation of this regulation.

The identity of alcohol used in the care of patients, etc., must be destroyed before it is used. The regulations are very severe on this point. It is now required that applications from hospitals must contain the formula which is used for this purpose, and a list of approved formulae has been published by the Internal Revenue Department.

Hospitals which are not familiar with the provisions on this subject should write to the nearest office of the Internal Revenue Department, asking for T. D. 1731 and T. D. 1969, which contain complete data. It is also possible to secure assistance and cooperation along this line from a number of hospital supply houses, which have made a specialty of this business.

XUM

Overlapping Shifts Solve Eight-Hour Problem

German Hospital of Chicago Divides Nurses Into Four Groups, and Handles Work Without Increasing the Number

The following letter indicates the interest of hospitals in the matter of the eight-hour system for pupil nurses:

"Editor HOSPITAL MANAGEMENT: Can you give us approximately the number of hospitals throughout the United States which have adopted the eight-hour plan for their nurses?

"We would be pleased to receive this information and also the names of three or four of the larger institutions that have adopted this plan."

The principal hospitals using the eight-hour plan include the Presbyterian and German hospitals, Chicago; Harper Hospital, Detroit; Methodist Hospital, Indianapolis; Lakeside Hospital, Cleveland, and Johns Hopkins Hospital, Baltimore. In California this is compulsory, a state law limiting the number of hours a pupil nurse may work to eight per day.

While it is evident to the thoughtful that hospital nursing service should not be subject to regulation by law, it is interesting to note that some hospitals have been able to put their nursing service on an eight-hour basis without inconvenience, and without the necessity of adding to the number of their nurses, though this does not always seem possible.

The experience of the German Hospital, Chicago, with eight-hour nursing service has been highly favorable, according to a recent statement of Miss Mary Elizabeth Lewis, superintendent of the institution, who put the system into effect last July.

The features of the plan are the use of four instead of three shifts, so as to have overlapping service. This insures thorough acquaintance with conditions on the part of all those on duty. The principal advantage of the plan is its flexibility. No additional nurses have been required on account of the change, Miss Lewis says, and the plan has been a success from the standpoint of the hospital and the nurses themselves.

"We move our nurses according to the work to be done in the house," Miss Lewis explained. "We have no half days or hours off, as the nurse has sixteen hours to herself every day, and this enables us to shift our students according to the needs of the hospital.

"The first shift is from 7:15 a. m. to 3:45 p. m., with half an hour for lunch.

"The third shift begins at 3:00 p. m. and lasts until 12:30, taking care of the heavy work during the morning hours, and these nurses are then off duty until 3:30, when they go on and remain until 7:30 p. m.

"The third shift begins at 3:00 p. m. and last until 11:30 p. m.

"Nurses in the night shift have a hot dinner at 11:00 o'clock, this being their heaviest meal. They go on duty at 11:30 o'clock and remain until 7:30 o'clock. They are often off by 7:15, as a matter of fact.

"We formerly had trouble with our night nurses, as the twelve-hour duty for them was wearing. But now the nurses like to be on that shift and come off fresh and alert. Many of them remain on for six and seven weeks without hardship.

"There is no definite arrangement as to the length of time a nurse spends on a given shift. Changes are made to suit the convenience of the house and the training of the nurse.

"The absolute flexibility of the system we have in effect is its greatest advantage. There are no hours or half days to allow for, and we can therefore arrange for the nursing service with less difficulty than formerly, when these things had to be taken care of, as well as class hours arranged.

"The arrangement of class work called for some study. One of the principal changes is that each subject is given in two instead of three divisions, as heretofore. There is one class from 7:30 until 8:30 a. m., and others from 1:00 to 3:00 p. m., 4:00 to 5:00 p. m., and 7:30 to 8:30 p. m. By dividing the class work into that for beginners and advanced students, it has been comparatively simple to give the students all of the subjects and at the most convenient time, though this would have been difficult to arrange if three classes in each subject had been provided for.

"Service in the operating room is handled in two shifts, the first from 7:15 a. m. until 3:45 p. m., and the other from 1:00 p. m. until 9:00 p. m. Those on this shift, usually three in number, handle emergency cases and arrange things for the next day's work. There is a girl on every shift, by the way, who can scrub and take care of a case.

"In planning an eight-hour arrangement, care should be taken to have the various shifts overlap, so that there will always be someone on duty who knows what has been done in each case. This counteracts the possibility of carelessness or mistake in making the records. It's not a good thing to have everybody who knows about the cases go off duty at once."

Miss Grace E. Allison, head of the training school of Lakeside Hospital, Cleveland, wrote regarding the eight-hour system as follows:

"This hospital was established on the plan of having eight-hour service for our student nurses, and takes great pride in maintaining that standard. We feel that it promotes the most efficient care of the sick. It naturally does require more students to

carry on eight-hour duty, but in an institution, where the demands are so exacting and the work strenuous, it is considered that the eight-hour system is a step in the right direction.

"All-day nurses come on at 7 o'clock in the morning, and some time during the day are off for three hours, exclusive of the hours for meals. We have two shifts for night nurses, one coming on at 3 o'clock in the afternoon and going off at 11 o'clock, and the other coming on at 11 and remaining on until 7 a. m.

"The day shifts are irregular, sparing the nurses as the demands of the wards will permit."

Must Pay Hospital Bills

Minnesota Law for Protection of Hotels May Be Amended to Include Institutions

Mr. G. W. Olson, superintendent of the Swedish Hospital, Minneapolis, has called attention to the fact that the Minneapolis Hospital Council, of which he is president, has had a bill introduced into the state legislature amending the law relating to frauds on inkeepers, so as to extend to hospitals and sanitariums the protection now afforded hotels against dishonest patrons.

Mr. Olson states that the committee to which it was referred has reported it out on general orders, and that it is very likely to be passed. The amendment adds the words, "hospital or sanitarium" to the law, which will make defrauding a hospital a misdemeanor, and will give the institution a lien on the baggage or effects of the person who is guilty of the fraud.

Hospitals everywhere have experienced trouble with collecting accounts from a small percentage of their patrons, and in view of the simplicity of the change required to bring about their protection, it would seem advisable to secure similar legislation in every state.

Wants Suggestions as to Economies

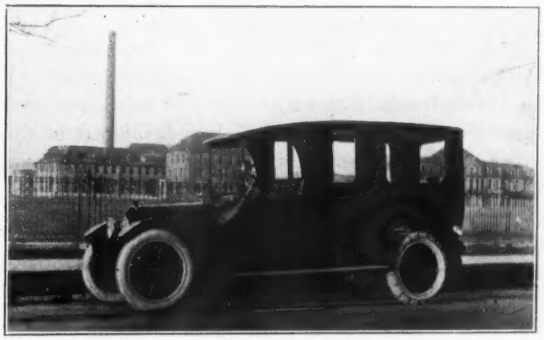
Dr. Walter Morritt, superintendent of Bethel Hospital, Colorado Springs, Colo., is preparing a paper to be read at the Cleveland convention of the American Hospital Association on "Reliable and Practical Economies in Hospital Management." He has requested that hospital superintendents who have found ways of cutting expenses and are willing to share this knowledge with others send their suggestions to him, for use in the paper.

Nash Sanitarium to Open

The Nash Sanitarium and Hospital, Galena, Ill., will be opened about June 1. A large 4-story brick building is being remodeled for this work. A park of 10 acres adjoins the building. The hospital is on the Galena river. Several mineral springs add to the attractiveness of the site for sanitarium purposes. F. A. Nash is president of the institution.

New Ambulance in Service

Henry Ford Hospital of Detroit Installs Handsome Equipment—Detailed Description



HENRY FORD HOSPITAL'S NEW AMBULANCE

The Henry Ford Hospital, Detroit, has recently purchased and installed a motor ambulance which possesses a number of interesting features of design and equipment.

The body, mounted on a 145-inch wheelbase, eight-cylinder Cadillac chassis, is covered with sheet aluminum. The floor covering is gray linoleum. The interior equipment includes two stretchers, the upper one being suspended from the roof and the lower equipped with rubber-tired rollers.

An attendant's seat is placed on the right side of the interior compartment, and folds up when not in use.

The principal dimensions are: length, inside, 89½ inches; width, inside on floor, 45 inches; height, 59 inches.

The interior is finished throughout in gray enamel.

In addition to the regular lighting equipment of the standard Cadillac car, there are two nickel-trimmed, cut glass dome lights in the roof, holding 6-volt 2-candlepower bulbs, controlled by a three-way switch. These lights can be controlled either from the front or the rear of the interior compartment and from the driver's seat.

Curtains are of silk, on automatic rollers, and storm curtains are provided for the driver's compartment.

Drop-glass windows are provided in the partition back of the driver's seat, in the side and rear doors and in the body opposite the limousine door or side door, and stationary windows in each side of body.

Fore doors are furnished on driver's compartment. The panel rear door opens the full width of the body, and is fitted with an inside lock.

The Union Protestant Infirmary, of Baltimore, which is raising funds for a new building, has been advised by Dr. Winford H. Smith, superintendent of Johns Hopkins Hospital, of Baltimore, and former president of the American Hospital Association, to provide as many moderate priced rooms as possible, as this, in his opinion, is the crying need of the present.

XUM

18 Hospitals in Pennsylvania Rated "Class A"

Bureau of Medical Education and Licensure Announces Standards, Emphasizing Laboratory Work and Record-Keeping

Some valuable contributions on the subject of standardization of hospitals have already made by the Pennsylvania Bureau of Medical Education and Licensure, and its latest work has developed in the classification of hospitals in the state. This is done in recognizing hospitals where the fifth year may be taken as an intern by the medical student who desires to be licensed to practice.

Class A hospitals, it is announced by the Bureau, are those having:

A staff whose members are giving efficient clinical and laboratory instruction to the interns.

A system of record keeping in all departments efficiently conducted. (A description of the model system of record keeping devised by the Bureau was published in the November, 1916, issue of HOSPITAL MANAGEMENT.)

An X-ray department adequately equipped, officered and managed.

Pathological and clinical laboratories which are adequately equipped, officered and managed.

An anesthetic department properly established and maintained.

An obstetrical department, with ample facilities for instruction under supervision.

All other departments that are essential to a complete medical training.

Eighteen hospitals have been given the Class A rating. They are as follows:

Allegheny General Hospital, Pittsburgh.
Easton Hospital, Easton.
Episcopal Hospital, Philadelphia.
German Hospital, Philadelphia.
Hahnemann Hospital, Philadelphia.
Homeopathic Medical and Surgical Hospital, Pittsburgh.
Jefferson Hospital, Philadelphia.
Lancaster General Hospital, Lancaster.
Medico-Chirurgical Hospital, Philadelphia.
Methodist Episcopal Hospital, Philadelphia.
Pennsylvania Hospital, Philadelphia.
Philadelphia General Hospital, Philadelphia.
Presbyterian Hospital, Philadelphia.
Woman's Hospital, Philadelphia.
Polyclinic Hospital, Philadelphia.
State Hospital, Scranton.
Hospital of the University of Penna., Philadelphia.
Western Pennsylvania Hospital, Pittsburgh.

After listing Class B hospitals, of which there are forty-six, and which are held to have complied with the law, but in the opinion of the Bureau have not attained the maximum degree of efficiency, and special hospitals, which are permitted to give three months of the fifth year of internship required, the Bureau says:

"After an inspection and a re-inspection of all the hospitals of the Commonwealth and after a careful observation and study of their present equipment with a due consideration of their possibilities, the Bureau hereby tentatively outlines its *future* standardization of approved hospitals on the basis indicated by the following data."

As to records, the minimum requirement is:

"*Record Room:* In this should be kept admission card, history sheet, temperature chart, order sheet, nurses' record sheet, operating room sheet, X-ray-finding sheet, laboratory-finding sheet, diagnosis card and end result (follow up) card.

"*X-ray Laboratory:* (a) record cards; (b) plates.

"*Pathological and Clinical Laboratory:* (a) record cards; (b) slides; (c) paraffin blocks.

"These should all be properly filed in their respective departments, cross indexed and preserved permanently in easily accessible places."

X-ray laboratories, it is announced, "should be equipped for skiagraphy, fluoroscopy, development of plates and for treatments. All of this should be done within the hospital.

"The department should be open the entire day, and, where a full-time Roentgenologist is not on duty, there should be someone available in the hospital who is capable of doing emergency work.

"Suitable provision within the laboratory should be made for recording and filing all work done. The use of a card system is especially advised."

Equipment in the pathological and clinical laboratories should include, the Bureau suggests, that for clinical microscopy, pathological histology, bacteriology, physiological chemistry and serology. It gives in detail the minimum equipment for laboratory work. The laboratory should be prepared to make blood examinations, urine examinations, gastric contents, feces examinations, sputum examinations, cebrospinal fluid, transudates and exudates.

Emphasizing the importance of laboratory work, the Bureau adds:

"The chief of the X-ray laboratory and the chief of the pathological and clinical laboratories should be members of the major staff of the hospital. By virtue of this membership, the medical-surgical staff have the advantage of their presence at staff meetings, where any questions of mutual importance may be discussed. In addition, an opportunity is given to the laboratory men to impress upon various staff members the importance of the use of the several laboratories in diagnosis. Their presence will likewise be a constant reminder to staff members that these departments are for use and not merely for ornament."

The anesthetic department, it is stated, should be under the direction of a physician, who is designated as its chief, with one or more assistants, at least one of whom should live within the hospital. The instruction and supervision of the intern in the adminis-

XUM

tration of anesthetics should continue throughout his entire service.

The Bureau strongly recommends the establishment of a prenatal clinic in connection with the obstetrical department, in charge of a member of the staff with an assistant. No patient, except in case of emergency, should be admitted to the maternity beds and allowed to go to the delivery room without previous examination.

In connection with its plans for the standardization of hospitals, the Bureau says that Class B may be regarded as merely a temporary rating. "Hospitals in this class," it is stated, "must qualify for Class A or risk falling by the wayside." It is also stated that hospitals whose surgical service is far in excess of their medical service are in danger of being classified as special hospitals and recognized for the establishment of internships only to the extent of three months of the required twelve.

H. C. of L. Forces Rates Up

Many Hospitals Announce Increase in Charges, Especially on Municipal Work

Increased operating expenses have made many hospitals realize recently that more money must be received for the service which they are rendering. A number have revised the rates at which municipal work has been handled, bringing them nearer the actual cost of maintenance.

The Springfield, O., City Hospital increased the rate for its $2 rooms to $2.50 April 1. No change was made in the ward rate of $1, as it was felt that if this was done patients who had been paying for ward beds would become charity cases. There are 50 beds at $1, 23 at $2.50, 9 at $3 and 2 at $4. The average per capita cost of maintenance last year was $2.15.

The Ottumwa Hospital, of Ottumwa, Ia., has asked the county to pay $1.50 a day for the cases which it sends to the institution. It is at present paying $100 a month, and on this basis the hospital has been netting a loss right along.

The Leonard, Samaritan and Troy hospitals, of Troy, N. Y., have asked the city to increase the rate at which these institutions are being paid for handling city cases from $6 to $9 a week. The present charges, the hospitals pointed out, are far from adequate. A significant feature of the situation is that the mayor of Troy expects to be able to reduce the number of its charity cases by more careful investigation, indicating that some people have been given charity when they were able to pay. Incidentally, at the rates quoted, the hospitals rather than the municipality have been furnishing most of the charity.

Another institution which has raised its rates is the Lewistown, Pa., Hospital. Private patients are now paying $2.50 for rooms formerly listed at $2, and $3.50 for those furnished heretofore at $3. The increase in the rate for ward beds is from $1 to $1.50 a day.

Dr. George F. Edenharter, superintendent of the Central Hospital for the Insane, at Indianapolis, reported to a committee of the legislature recently that an additional appropriation of $15,000 would be needed to complete the fiscal year, this representing the increased cost of foodstuffs only.

Thorne to Direct Hospitals

Big Chicago Business Man Made Head of Public Welfare Department of Illinois

A noteworthy appointment by Gov. Frank Lowden, of Illinois, who took office a few months ago, was that of Charles H. Thorne, chairman of the board of directors of Montgomery, Ward & Co., of Chicago, to the position of director of the public welfare department, which will have control of the state hospitals, as well as the penal institutions, beginning July 1.

Mr. Thorne has accepted, and will devote much of his time to the post. That a man of his caliber has been enlisted in this important branch of service is splendid evidence that the day of the professional politician in the administration of state hospitals is passing.

In announcing his plans for the work, Mr. Thorne told HOSPITAL MANAGEMENT that he wants to investigate, to learn the present situation; then set up ideals for administration of the hospitals; next, organize to carry out these plans, and finally bring into the foreground the humanitarian factor in the treatment of hospital patients and inmates of prisons.

Anesthetist Must Be M. D.

Supt. Mauney, of Knoxville, is Given Opinion by the Attorney-General of Tennessee

Mr. John H. Mauney, superintendent of the Lincoln Memorial Hospital, Knoxville, Tenn., reports an interesting and important opinion of the attorney-general of that state on the subject of the administration of anesthetics by nurses. The opinion, given at the request of Mr. Mauney, was as follows:

"I have your favor under date of March 20. I do not think that a trained nurse could, under any circumstances, administer an anesthetic. It is a punishable offense in this state for anyone to practice medicine without first having obtained a license in the manner prescribed by law. The definition of the term 'practicing medicine' given by our court brings the administration of an anesthetic clearly within the law. There is no doubt but what the administration of an anesthetic is the practicing of medicine within the meaning of our law."

XUM

THE HOSPITAL ROUND TABLE

Selling Old X-Ray Plates

While X-ray plates showing important data are part of the permanent records of the hospital, and should be kept, there is usually an accumulation of plates which for some reason or other have not been found to be worth indexing. Either the photographs were not good, and better pictures were taken, or the plates were used for experimental work without value for record purposes.

If your hospital has a quantity of these plates, now is the time to sell them, because glass, chemicals and similar materials, like everything else, are worth much more than during normal times. A Chicago hospital realized a neat sum recently from such a sale.

The Bills Were Paid Twice

A business man who has had numerous dealings with hospitals said recently that he had had some unique experiences, including having his bills paid twice in a number of instances.

"The hospitals are about the only class of customers on my books," he said, smiling, "who ever favor me in this way. Evidently, after the bill is paid the first time, an old bill is found, which is paid without any investigation to show whether the item had ever been disposed of. This shows the honesty, even as it displays the lack of business management, of the hospitals."

While the supply man commended the hospitals for being anxious to pay their bills, this is a doubtful compliment when it is based on over-payment, and no hospital should have to rely on the honesty of the merchant to avoid paying for the same thing twice. A real office system would prevent errors of this kind.

Living Quarters for the Superintendent

A small-hospital superintendent, who has held numerous positions during the past few years, leaving them all of her own volition, explained recently why so many changes are made in executive positions among the hospitals, especially the smaller institutions.

"I have yet to find the institution," she said, "where the superintendent is provided with a room which is comfortable, well lighted and well ventilated, and fit to be called a home. Usually the quarters are small and cramped, and hardly good enough for a servant. For some reason, the comfort of the superintendent has not been considered.

"Some of the newer hospitals make proper provision along this line, but in many of the old ones this feature was never given any thought. And unless the superintendent can live comfortably at the hospital, she will not remain, no matter how interesting and successful her work may be."

How to Test Linens

A linen supply man, who was asked recently by a hospital buyer how to make an intelligent comparison among goods of this kind, replied:

"Get your samples together and make as careful a comparison as possible by close observation, feel, etc. Then, before buying, put them to the laundry test. Have the goods washed several times, remembering that the first gloss may not remain after they have been laundered. The material which shows up best after this kind of test can be relied upon. Of course, the price element enters into it, and quality must be taken into account in connection with the price quoted on a given item."

The same linen man said that on account of the scarcity and high cost of linen, mercerized goods are now being used to a large extent. Cotton table linen manufacturing is said to be in its infancy, but he predicted that it will not be long before goods of this kind, equal in appearance, design and quality to linen, will be available.

Blanket Specifications

The State Department of Health of Pennsylvania has its blankets made according to the following specifications:

Double blankets to be not less than 80 inches long by not less than 60 inches wide when finished. Weight to be 4½ pounds per pair when finished.

Warp—To be of cotton, long staple. To be well carded and evenly spun, of No. 14 yarn, 43 threads to the inch.

Filling—To be blend or mixture or not over 20 per cent cotton. Balance to be pure wool, staple good and true, 32 picks to the inch in finished product. Color to be medium gray.

Border—No border.

Binding—Each pair of blankets to be bound on the ends with a 2-inch gray mohair binding. To have two rows of stitching ¼-in. apart and to count about six stitches per inch.

Embroidering—Each pair of blankets to be embroidered with the letters P. S. C. S. 4½ inches high. To be in center of blanket.

"Live Wire from Cover to Cover"

I have just read the March issue of HOSPITAL MANAGEMENT, and wish to say that it is certainly a live wire from cover to cover—John H. Mauney, Superintendent Lincoln Memorial Hospital, Knoxville, Tenn.

Plans are being made for the establishment of a social service department at the Louisville City Hospital.

XUM

"Who's Who" in Hospitals

Personal Notes of Men and Women
Who Are Making the Wheels Go 'Round

MISS ALICE MURIEL GAGGS,
Superintendent Norton Memorial Infirmary, Louisville, Ky.

Miss Gaggs has just had the pleasure of letting a contract for a new nurses' home, and is planning a campaign for funds this fall which will give Norton Infirmary a new wing. She has done splendid work in building up the institution. She is a graduate of St. Luke's Hospital, Chicago, 1898, her first executive position being superintendent of nurses at the Louisville City Hospital. After holding this position for four years, she became superintendent of the Chicago Polyclinic and Henrotin Memorial hospitals, holding this position from 1904 to 1909. She then accepted the superintendency of Christ's Hospital, Topeka, Kan., and in 1913 returned to Louisville as head of Norton Memorial Infirmary. Miss Gaggs is a member of the American Hospital Association and the National League of Nursing Education.

Dr. John W. Bradfield has become superintendent of the State Colony for the Feebleminded at Austin, Tex., succeeding Dr. Lewis B. Bibb, who resigned.

Mrs. Mary Eden has resigned as superintendent of the Columbus Hospital at Pittsburgh, Pa., to take charge of the Aiken, S. C., Hospital.

Miss Barbara E. Jacobsen has resigned as superintendent of the Owensboro, Ky., City Hospital, and the position is now vacant. Miss Jacobsen is at her home in New York pending taking up other work.

Dr. S. Simon has been elected superintendent of the National Jewish Hospital for Consumptives, Denver, Colo., succeeding Dr. Moses Collins, resigned.

Mrs. Marguerite Burris Murchison, R. N., has been appointed superintendent of nurses at the Southwestern Insane Asylum, San Antonio, Tex. She graduated at the Charity Hospital, New Orleans, and took postgraduate work in New York City and in England. She conducted her own hospital until recently.

Miss Kathleen Cole, a graduate of Hahnemann Hospital, New York, has become assistant superintendent of the Hudson City Hospital, Hudson, N. Y.

Miss Elizabeth Schleckman, superintendent of the Lancaster, O., City Hospital, recently resigned her position.

Miss Jane Clement has been appointed night supervisor of the Milwaukee Maternity Hospital, and the same institution has put Miss Cora Johnson in charge of the social service and prenatal department.

Dr. Carl C. Yount has been appointed director of the X-ray laboratory of Allegheny General Hospital, Pittsburgh. He has been resident surgeon of the Panama Hospital at Colon.

Miss Frances Shouse has been appointed superintendent of the North Chicago Hospital, succeeding Miss Elsie Glendenin, who resigned. Miss Shouse's preceding post was with the Methodist Hospital of Hutchinson, Kan.

Dr. Chester C. Kirk has become superintendent of the State Hospital for Nervous and Mental Diseases at Little Rock, Ark. He was formerly on the staff of the Toledo, O., State Hospital.

Miss Magdalena Kneirim has been appointed superintendent of the Good Samaritan Hospital at Galion, O., succeeding Mrs. P. A. Murr, who resigned following her marriage.

Mr. Walter King has become superintendent of the West Jersey Homeopathic Hospital, Camden, N. J.

Miss Stella Fuller has resigned as superintendent of the county tuberculosis sanatorium at Manitowoc, Wis., to undertake public health nursing.

Dr. Charles Gray Wagner, superintendent of the Binghamton, N. Y., State Hospital, recently celebrated the twenty-fifth anniversary of his appointment to that position. The plant has more than doubled in size during his administration.

Dr. J. Murray Welch, chief diagnostician of the Department of Health and Charities of Philadelphia, who has been connected with the Philadelphia General Hospital for more than fifty years, was the speaker at a recent dinner of the Aesculapian Club, describing the development of the hospital in its hundred years' history.

XUM

Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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Vol. III. April, 1917 No. 3

"Red Letter Days" for 1917

Kansas Hospital Association, Salina, May 1.
Ohio Hospital Association, Columbus, May 22-24.
American Association of Industrial Physicians and Surgeons, New York, June.
Catholic Hospital Association, Chicago, August 29-31.
American Hospital Association, Cleveland, September 10-15.
Health Service Section, National Safety Council, New York, September 10-15.
West Virginia Hospital Association, Fairmont, October.

The Hospitals And the War

American hospitals are already "doing their bit" for the nation.

Not only have base hospitals been organized in many of the institutions of the larger cities, but Red Cross units have been formed, enlisting many of the women connected with hospitals boards and associations for work in preparing surgical supplies.

The hospitals on the coasts and in other sections which are most exposed to the attack of an enemy have been listed by the Navy Department, a full census having been taken of their equipment and facilities, as explained in a recent issue of HOSPITAL MANAGEMENT. Many of these civilian institutions have voluntarily arranged to turn over as many beds as may be needed for the use of the United States.

In view of the threatened shortage of food and other supplies, the necessity for economy, entirely apart from the financial aspect, which is serious enough, is evident. Every hospital should make good use of every pound of materials.

Local Associations Doing Great Work

As has been pointed out many times in these columns, the local association offers unique opportunities for effective, practical work and immediate, direct results.

Recent experience has emphasized this fact. The Chicago Hospital Association, now called the Chicago and Cook County association, has done yeoman work for the hospitals of the whole state in opposing unjust legislation, and the results have already justified the organization of a state association, which will undoubtedly come into existence in the near future.

Word from Minneapolis indicates that the Hospital Council of that city, whose head is Mr. George W. Olson, superintendent of the Swedish Hospital, is about to succeed in having a very desirable piece of legislation enacted, giving the hospitals the same protection against fraud as is enjoyed by the hotels. Such legislation does not require more than a slight amendment of existing laws, and should be applied for in every state.

The March issue of HOSPITAL MANAGEMENT contained an article by Dr. H. J. Moss, president of the Maryland Hospital Conference Association, who showed how conditions as to compensation cases have been improved through the work of the association. The combined power of the hospitals is immeasurably greater than that of individual institutions, and is always more effective in bringing about changes of this kind.

Because of the numerous opportunities for co-operative effort and the numerous features pertaining to local and state legislative conditions which need correction from time to time, as well as the possibilities of exchanging helpful ideas on hospital management, local organizations should continue to grow in number and influence. They have a great field, no less important than that of the national associations, and as far as individual benefits are concerned they even outrank the larger bodies, which must of necessity discuss general rather than local conditions.

Is Eight-Hour Nursing Service Practicable?

HOSPITAL MANAGEMENT stated its position with reference to legislation governing the hours of duty for student nurses in its March issue. Its position was that such regulations are not a fit subject for legislation by the state, but, because of the conditions affecting the care of the sick, should be left to the hospitals themselves.

But while we believe that this matter should not be governed by a hard and fast rule, certainly not by a rule expressed in the form of a statute which cannot be modified by special conditions as they arise, it is important to the hospitals that they put themselves beyond criticism in this respect.

They must be able, when efforts are made to put into women's labor laws provisions which would include the hospitals, to show that they not only should not be regulated in this way, but that they do not

XUM

need regulation. They should be able to come into court with clean hands.

Hospitals of their own volition are doing much to improve conditions in this respect. They are shortening the hours of duty, they are setting up physical standards for applicants, insuring the training only of girls who have the necessary stamina for hospital work, and they are exercising such supervision over the diet and rest of their pupil nurses as to eliminate danger of break-downs.

Some of them have put their nursing service on an eight-hour basis, and apparently have lost nothing through it, but have gained considerable. The experience of hospitals along this line has been described from time to time in HOSPITAL MANAGEMENT, and the system as used in the German Hospital, Chicago, is detailed in this issue. Its experience would seem to show that the plan can be worked out so that no additional nurses will be needed to do the work, and the arrangement of the nursing service is rendered easier through the greater flexibility of the system.

This plan may not work in all hospitals; but it seems to be clear that whenever institutions can put eight-hour duty into effect without loss of efficiency and without detriment to the patient, they may well do so, if only to demonstrate to over-zealous legislators, who have the habit of wanting to regulate everything in sight, that the hospitals are intelligent enough and capable enough to attend to their own problems without outside assistance.

Better Buildings for Plant Hospitals

An interesting development of industrial hospital work is that employers are consolidating various kinds of effort having to do with the needs of the employe in such a way that quarters for these several divisions may be provided in one building, to which more space and a larger investment may be devoted than would be practicable if only first-aid and health service work were in view.

Several instances of this kind are reported in the Industrial Department of HOSPITAL MANAGEMENT this month. The Cincinnati Milling Machine Company and the American Pulley Company are among those which have consolidated various kinds of related work pertaining to the employe, and have thereby been enabled to provide on a bigger and better scale than is usually thought needful.

The work of the employment department, involving as it does physical examinations of applicants, is close enough to warrant being included in this way. The locker-rooms of the men, together with quarters for eating lunch, recreation, etc., may also be in the same building or section of the main building. Rooms where committees of employes, such as those devoted to safety, in which co-operation from the men is essential to success, may meet, may also be provided here to good advantage. In short, these buildings may be made the centers where employes may gather during their off-hours, so that it will be a comfortable and restful place to which to turn in case of sickness or accident. The employe will be glad to go there.

Greater attention to all of these things can appropriately be given in connection with the enlargement of the work for safety, sanitation, first aid and health betterment. They belong in the same category, and can be treated simultaneously to the benefit of each feature.

Notes and Comment

The Henderson County Tuberculosis Board has opened a new county sanatorium at Henderson, Ky. It was one of the first erected in that state under a law authorizing counties to establish such institutions.

Dr. J. A. Lichty, of the Pennsylvania state board of charities, has criticised the present method of caring for the insane in state, county and municipal hospitals, and urged the creation of a single system.

Chicago is planning to expend $800,000 additional in enlarging the new contagious disease hospital, which was opened only recently, the need for more room having already become evident.

The new Altoona, Pa., Hospital ambulance will be heated by means of a radiator connected with the exhaust system of the engine, and will also have electric warmers. Another new idea is having a washstand, with hot and cold water, the engine also furnishing the heat for this. A Buick chassis is being used.

Dispensary Work Expanding

Plans for Chicago Institution Emphasize Developments in Field of Social Service

In inviting subscriptions for the support of the Central Free Dispensary, of Chicago, Dr. James B. Herrick, president of the institution, of which Mr. John E. Ransom is superintendent, outlined plans for enlarged work which suggest the possibilities of dispensaries.

Among the things which it is planned to do are the following:

Provide several additional workers in the social service department.

Equip and maintain X-ray and pathological laboratories.

Develop and maintain an evening clinic for industrial medicine and surgery.

Provide a teacher of lip reading for deaf patients.

Purchase special appliances and expensive medicines for patients needing them.

Provide for additional medical, nursing and clerical service in the out-patient obstetrical department.

Purchase and maintain an autmobile for this service.

XUM

INDUSTRIAL DEPARTMENT

Industrial Hospital as a Community Factor

Harlan Institution Backed by Operators as Stockholders and Miners on Monthly Payment Basis—Private Rooms Provided

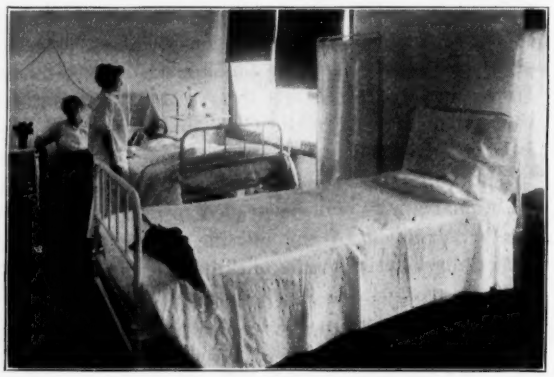
The Harlan, Ky., Hospital Association, which operates a 21-bed hospital in a coal-mining community of Eastern Kentucky, is a rather unique institution in that it is an industrial hospital, formed for the primary purpose of furnishing service to the large coal operations in that vicinity, which has been developed into a community hospital, serving Harlan county as a whole.

Dr. E. Murphy Howard, who established the hospital, is the surgeon in charge, while Miss Margaret G. Hull is superintendent. The association is officered by prominent men in the coal and allied fields, John W. Williams, a leading operator, being president; Will Ward Duffield, manager for the Kentenia Corporation, a coal-lands holding company, vice-president, and W. W. Lewis, cashier of a local bank and owner of coal properties, secretary and treasurer.

Dr. Howard is the principal stockholder, but the coal operators and business men own nearly one-half of the stock, most of which was distributed in relatively small amounts, so as to insure the greatest possible degree of interest and support.

BUILDING OF HARLAN HOSPITAL, A COMMUNITY INSTITUTION IN A MINING DISTRICT.

The building, which was erected for the purpose, is of brick, and contains equipment for medical as well as surgical cases. The investment which the hospital and its equipment represent is in the neighborhood of $12,000, and from 300 to 500 cases a year are handled, the capacity being 21 beds, as stated above. There are a number of private rooms, the rate for which is $25 a week, the ward rate being $10 a week. The hospital was started in 1915.



TYPICAL WARD EQUIPMENT IN HARLAN HOSPITAL.

The miners themselves are interested in the hospital, and are arranging for service by monthly payments. The charge is 25 cents a month for a single man, and 50 cents a month for a man with a family, and these payments, which amount to a kind of co-operative insurance fund, pay for bed, board, nursing service, etc., when they are brought to the hospital. The institution is thus supported not only by the coal operators, but by the miners themselves, so that, while having an independent existence, it is an effective form of industrial hospital work.

Dr. Howard reports that it does a considerable amount of work in the general field also, all of the doctors in the community being heartily in favor of the institution, as is to be expected, and bringing patients to it from time to time, so that the character of work done is quite general.

The accompanying illustrations give an excellent idea of the character of the building and its equipment.

The Calumet & Helca Mining Company is preparing to begin work on its new hospital at Calumet, Mich. and is now studying plans for the arrangement of the building.

The LaBelle Iron Works has opened its new emergency hospital at Wheeling, W. Va. It is in charge of Dr. Curtis Laughlin.

XUM

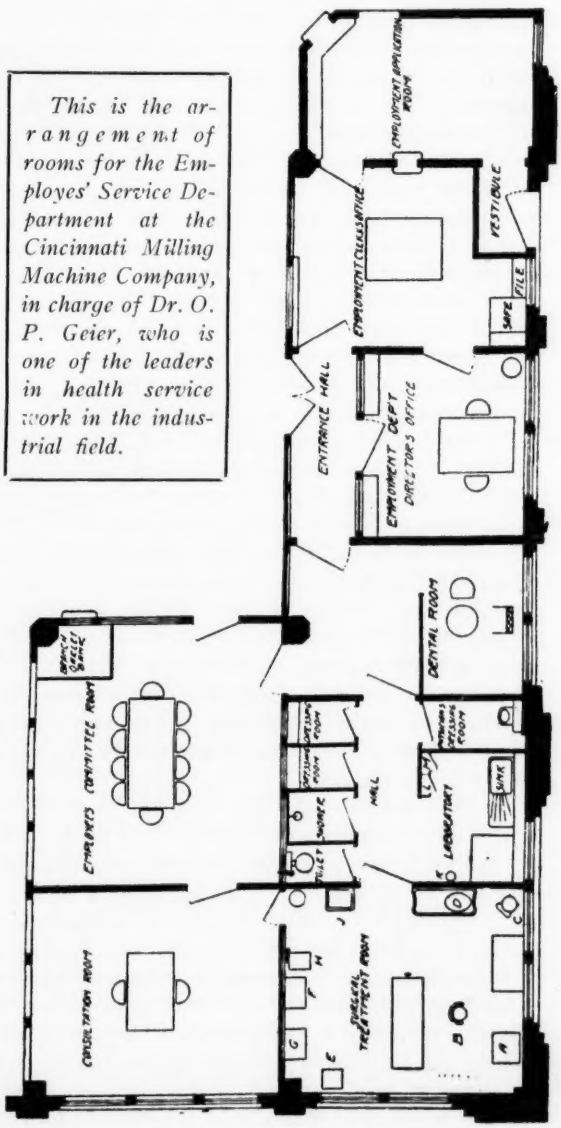
Lay-out of Emergency Hospital Gets Attention

Manufacturers Are Devoting More Care to Plans for Convenient and Accessible Quarters—Scope of Service Enlarged

Manufacturers are realizing that a sufficient amount of room must be provided for their plant hospitals, and consequently laying out emergency hospitals properly is getting more and more attention, especially as separate buildings, erected for the purpose, are now being built at many of the larger plants.

Convenience and accessibility are the keynotes of the up-to-date first-aid room or plant hospital. The matters of convenience and accessibility refer not only to the surgeon or nurse, but also to the workman. That is to say, the hospital should not be too far distant from the plant, as promptness in the treatment of injuries is one of the principal advantages of having hospital facilities at the factory. Yet it must be far enough away to be reasonably quiet and clean. Where there are a number of factory buildings, the hospital should be located at some central point equally convenient to all of them.

The floor plan reproduced herewith shows the way in which the Employes' Service Department of the Cincinnati, O., Milling Machine Company is arranged. This department is in charge of Dr. Otto P. Geier, who has won national recognition for his progressive work in the industrial field.



This is the arrangement of rooms for the Employes' Service Department at the Cincinnati Milling Machine Company, in charge of Dr. O. P. Geier, who is one of the leaders in health service work in the industrial field.

It should be noticed that this department and the rooms which it contains are not confined simply to health and first aid work, but are for the general service of employes. The office of the employment director is here, as the plant physician works in close harmony with this department in the matter of physical examinations of applicants. Three rooms are given over to the employment department, the office of the employment clerks and a room where applicants may wait being provided in addition to that of the director.

The rooms where the actual work of Dr. Geier is done lead from the main entrance hall. One of the departments featured in the plan and in the work of Dr. Geier is that for dentistry. This is a hobby of the Cincinnati man, and an excellent one, as the largest employers of the country are coming to realize that just as it is true that an army (industrial or otherwise) travels on its stomach, so the stomach is dependent on the teeth. A sound mind in a sound body calls for sound teeth, for poor teeth spread disease over the entire system.

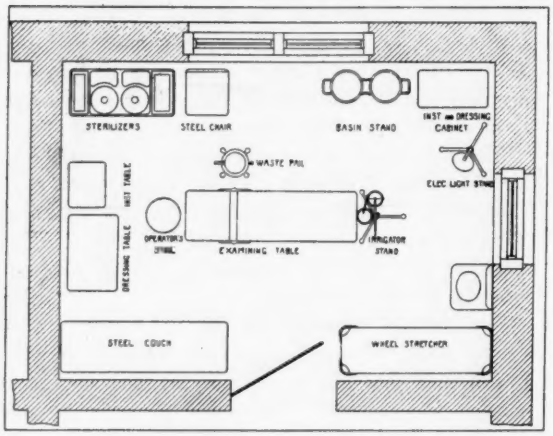
Toilet, shower and dressing rooms for men who are being examined for employment are provided in this section. Then there is a large surgical treatment room where accident cases are handled. Two other rooms complete this department, these being the employes' committee room and the consultation room, where workmen may go for advice. Co-operation with employes is one of the big ideas at the plant of the Cincinnati Milling Machine Company, and the arrangements referred to show that this is a material fact and not simply a pretty phrase.

The other plan shows an ideal lay-out of a first-aid room, the details being given, so that it is easy to determine the amount of equipment which is needed for such a department. The plan was devised by the Scanlan-Morris Company, of Madison, Wis.

One of the things which should be included in every first-aid room is a bed or couch of some sort. This is called for in this plan. Very many times a work-

XUM

man needs to rest for a time after his injury is dressed, as the shock of the accident and the surgical work affects him in such a way that lying down even for a brief period means a great deal to his comfort. There are also many cases which have to be transferred to the hospital, and provision of a bed is important then. In the case of plants employing female labor, sickness gives the attending physician or plant nurse as much to do as accidents, and having a bed makes it much easier to take care of such cases efficiently.



IDEAL PLANT HOSPITAL ARRANGEMENT

The bigger industries of course have more elaborate buildings for health service and first aid work than the small plants need, but every manufacturer should realize that a room sufficient in size and properly located should be provided, so that his investment in this work will pay the right kind of dividends in satisfaction and efficient work on the part of the company doctor, nurse and first-aid men.

Compensation Laws Constitutional

New York's compulsory workmen's compensation law has been sustained as generally constitutional by the Supreme Court of the United States. In giving the court's opinion, first as to railroad employes, Justice Pitney said the common law rules are not beyond alteration by states. It was held that employes have no unalterable right to common law defenses in a personal injury damage suit. The first compulsory workmen's compensation or industrial insurance law—that of Washington State—to come before the Supreme Court was also upheld as constitutional. The Iowa workmen's compensation law, voluntary upon employers, was upheld as constitutional.

Cudahy Bros. Company have established a first aid hospital at their Milwaukee plant. The hospital equipment will be modern in every way, and will be ready to be put into operation soon. The plan provides for the services of a trained nurse.

Make Wassermann Routine

Use of Test in Fracture Cases May Cut Down Period of Disability by Months

By Dr. P. B. Magnuson, Chief Surgeon, Chicago & Alton Ry.

Many things come up in which the employer wants to know why the man cannot go back to work. He did not see any blood flow and cannot see why the man cannot return to his work.

We have a large number of cases of protracted illness and long disability before men can return to work. For instance, fractures. Whenever a man receives a fracture he is good for at least six weeks, unless he is a very hardy specimen.

Disease often sets in to prolong the disability. In cases of fracture of both legs, the arm, the thigh or shoulder, a Wassermann test should be taken immediately and not about two months after the accident. Some people wait for two months and finding no union then give the Wassermann test. Every large company would save money by having these tests made in the beginning. The test costs only $5, as against three or four months' time.

If, in the beginning, we knew this man had syphilis we would treat him for it. Three months ago I operated on a man. The doctor said the man had no union. I asked to have him sent in and upon examination found that there was no union. The Wassermann test revealed an extreme case of syphilis. Had the test been made immediately after the accident the man would now be walking around all right, instead of being a cripple. It is now a dangerous case, necessitating probably, before long, bone grafting.

We need not fear tuberculosis much, but kidney and liver trouble, because of these things, we do. Lay a man on his back and he is liable to develop pneumonia from settling of blood on the lungs.

Routine in first-class hospitals looks after these things. All patients with fractures of any kind to the large bones should be hospital cases and should be kept in the hospital under expert attention until union is made. These cases can be much better treated in the hospital, where they have all necessary appurtenances and paraphernalia such as wheel chairs, sweat baths, etc., along with trained nurses who know how to handle the case.

We have patients who have varicose veins in the leg. You can expect when a man 40 or 50 years of age with a fractured leg has varicose veins in it the case will be a long one. The ligaments give us as much trouble in cases of fracture as the fracture itself.

The man's leg is put in a cast and after the cast is removed the leg swells because of circulation of blood. He is then told to rub the injured member, but if not properly instructed in the manner of massage he will rub and rub until the skin blisters without having done a particle of good. Good masseurs are hard to get. But you would save money to have a masseur on your

staff. If this is done immediately following a fracture the disability can be decreased 33⅓ per cent.

These patients, many of them, will not try to use their limbs; they will not try to bend knees or work shoulders, because it hurts them. The expert will bring healthy blood to the injured spot and bring back elasticity. We have spent on the Junction Railway and Chicago & Alton $4,000 in one year, but figure we saved $15,000.

May Exchange Certificates

Possibilities of Standardization of Physical Examinations Are Numerous and Important

By Dr. Wilbur E. Post, Chief Medical Adviser People's Gas Light & Coke Company, Chicago.

One cannot refrain from mentioning some of the problems for the future, suggested to all who have been interested in this work. A great saving of time and expense, an increase of efficiency and the promotion of the general health of the community will be obtained when our methods of examinations are standardized—when a physical examination becomes a requirement to all industries.

It may be, at some time, certificates of examination may be issued which will be honored in medical departments of various industries, providing those certificates are issued by medical departments maintaining proper standards. The possibility of having those certificates issued by a governmental bureau or under a system of health insurance is also a subject for due consideration. The problem of periodical examinations of employes is a very timely one.

It is not so long ago that the life insurance companies and the Life Extension Institute have demonstrated for us the enormous advantage of such periodical examinations. And, if by conservative estimate, the cost of such examinations is repaid twenty-fold to life insurance companies in the better health and prolonged lives of its policy-holders, who can estimate the advantage to our industries and to our country at large of the universal practice of examining the working men?

Our Safety First Engineers have come to our industries and diminished accidents to the extent of 50 per cent, and I believe that it is no false hope to expect as great a prevention of disease among workmen by the practice of the physical examination of the employe.

Establishes Service Department

The Northern Paper Mills, of Green Bay, Wis., have established an industrial service department, under the direction of Dr. Ralph M. Carter and Miss Myra Kimball, R. N. Complete medical and surgical care for employes and their families will be furnished. A thoroughly equipped dispensary, with reading, rest and recreation rooms, is under construction. Dr. Carter says in a letter to HOSPITAL MANAGEMENT.

The P R Patients' Register

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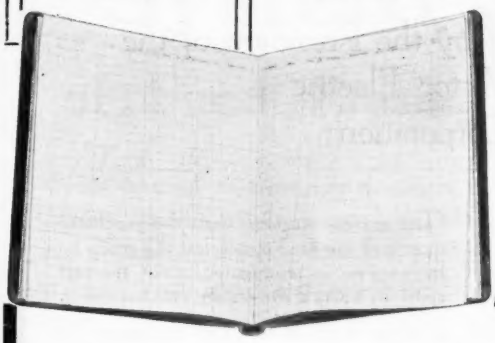

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XUM

VICTOR

—by the President of the Victor Electric Corporation:

The ancient custom, that the purchaser must look out for himself lest the goods he buys are not as represented, is not the best spirit in today's American merchandising.

It is the desire of this new corporation to give concrete expression to the best thoughts and ideals of American merchandising by maintaining the highest possible standards of quality in product and in service to its customers.

In establishing the fundamentals which the management believed to be requisite for the attainment of these ideals, the entire organization was admonished that as a matter of principle they should not make any misrepresentations and that there is absolutely no necessity for the slightest deviation from facts.

"Prompt and careful attention to complaints"—"Painstaking, concientious attention to installation and instruction" and "the customer should be accorded uniformly courteous treatment"—are other phrases to be found in the list of ideals already formulated in definite words.

The first rule written for the guidance of the Publicity Department reads as follows:

"All advertisements shall be absolutely truthful, both as to statements of facts and suggested ideas implied by copy."

This corporation is not posing as an ideal; but wishes to be understood as *striving* for ideals. The goods and the service are believed to be the best of today. There is being put into them more than mere expenditure of money—enthusiasm and loyalty to ideals. There is being wrought into the goods that which insures to the buyer articles even better than they are represented to be—that which evidences a sincerity of purpose.

C. F. Samms

Cooperate With the Doctor

Foremen Must Report Injuries—Print Notices in All Languages—Record of Cases Needed

There is lack of co-operation between doctors and foremen, said an insurance company physician recently. Your foremen do not pay proper attention to the accidents they see. An employe receives a slight scratch; the foreman wipes it off with his hand and tells the man to go back to work. Later on a deformed hand and a judgment calling for payment of a large sum, and the company asks, "Why didn't the doctor save this man's hand?"

But it is not the doctor's fault. The foreman was responsible. He did not co-operate. Foremen are only interested, some of them, in the output of their departments.

Why not have notices printed and posted in different parts of your plant telling the men what to do in case of accident? The compensation law only requires that you print the law in English, but go further than this; print it in all the languages, so that all your employes may read, and when injured will report the matter to their foremen. You will find that the mortality would be reduced 75 per cent and the compensation payments for lost fingers, arms and hands some 90 per cent.

Company doctors do not keep records half the time. They do not know how many dressings they gave the man, what dressings they were or conditions existing when man was discharged. If a system is adopted to keep all records as a business man keeps records of his business, you will have something to work on in court and will save money.

Another thing. Why not establish a Medical Information Bureau in your plant? You have in your Legal Department and Accident Department what is called an Information Bureau. In this Medical Bureau records could be kept of any deformity in a discharged employe's physical set-up, so that in case of re-employment and subsequent accident you would have a record.

Industrial Notes

The Maryland state bureau of labor and statistics has taken up the investigation and inspection of factories and factory workers, with a view to checking occupational diseases.

The largest and best equipped hospital in the upper peninsula, and with but two exceptions in the state, will be erected by the Calumet & Hecla Mining Company in Calumet, Mich., this summer. The hospital will serve the employes of the Calumet & Hecla and the subsidiaries as well. The company already has one hospital, which has proven inadequate to the needs of the company.

The California & Hawaiian Sugar Company has announced plans for the erection and equipment of a hospital, which will be built and maintained jointly with the Selby Smelting Company. A considerable staff will be needed for the operation of the hospital.

XUM

Finds 8 Per Cent Hernias

Armour Physician Points Out Need of Physical Examinations to Protect Employer

By Dr. F. C. Jacobsen, of Armour & Co., Chicago.

Physical examination is a thing which I think will come to pass in all plants. We do not know whether or not a man is physically fit for the work he is doing. His powers of resistance may not allow him to work on a certain job, and he should be changed.

Foreigners, such as we have, know nothing of hygiene. Irrespective of their physical condition, they must work to support their families, and they look for work and take any that is offered.

It should be compulsory with the company to have a physical examination made of all men. Action of this kind would be Safety First above all things.

Some will say a man has a right to get employment without being examined, as it is none of the employer's business what his physical standing is. In answer to that, we find 8 per cent of 1,100 males with hernias. If these men were sent out to lift iron or other heavy articles, does it not stand to reason that they might have these hernias exaggerated at any time, and operation become necessary? The employer must then take care of the man.

Nine out of ten times the man will tell you that the hernia did not exist until just at the time when he lifted that certain article.

I say if we have physical examinations we shall know the conditions of the men and know just exactly how far to allow a certain man to go with a certain work. We shall then have a happier union between the man and employer.

Coal Mine Fatalities in 1916

According to a compilation by Albert H. Fay of the Bureau of Mines, during 1916 there were about 2 per cent less fatalities in and about the coal mines of the United States than in 1915. This reduction occurred although the amount of coal mined increased in that period about 12 per cent. The number of fatalities reported during the year was 2,225 as compared with 2,269 for 1915. The actual number of men employed during the year is not known, but on the basis of the figures for 1915 the fatality rate per thousand men employed was 3.03 in 1916 as compared with 3.09 in 1915. The number of mine disasters in 1916 was eleven, with an average fatality for each of five, the same as in the years 1915 and 1914. The number of killed was 154 in 1916 as compared with 262 in 1915, 316 in 1914 and 464 in 1913. The decrease in fatalities, though not large, is the result of agencies and measures employed to reduce accidents, among which may be mentioned the general use of safety lamps in doubtful mines, the introduction of permissible explosives, humidifying dusty mines, first aid and rescue training, which results in saving lives, the enactment of accident compensation laws, and, as the bulletin says, the spirit of co-operation on the part of all concerned.

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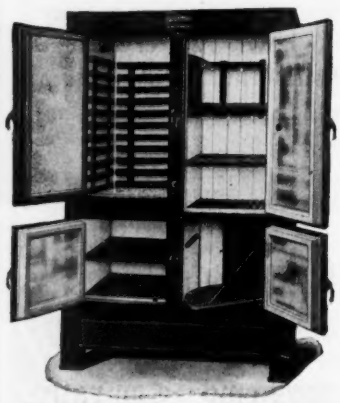

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Health Insurance Needed?

Miss Halsey Says Figures Demonstrate Inadequacy of Present Methods of Relief

[Editor's Note: The subject of health insurance is one of the most important in the field of industrial legislation. There are two sides to the question, as the following letter suggests. Another view is given in a brochure on the subject by Mr. Magnus W. Alexander, of West Lynn, Mass., who is secretary of the Conference of Industrial Physicians.]

New York City.

Editor HOSPITAL MANAGEMENT: In the article entitled, "Health Insurance Needed," appearing in the March issue of HOSPITAL MANAGEMENT, Dr. Frederick L. Hoffman, the statistician of the Prudential Life Insurance Company, seeks to show the adequacy of present insurance agencies as a method of providing health insurance for workmen. The $4,000,000 spent for sick benefits by the International Cigarmakers' Union is cited as proof of the service being done by trade unions.

Unfortunately, work of this character is decidedly limited in scope, as Mr. Hoffman himself admits when he states that unions "have clearly realized it to be more to the advantage of American wage-earners that the struggle should be for higher wages and shorter hours," and consequently have "made only limited progress in the direction of voluntary sickness insurance."

How limited this development has been is shown by the figures published from year to year in the annual reports of the conventions of the American Federation of Labor. In the year 1914-1915, it was twenty-nine Internationals which offered protection in time of sickness to their 548,000 members (or to one-quarter of the total membership of the American Federation of Labor.) The figures for health insurance through locals, where obtainable, make but a slightly better showing. Moreover, it should be borne in mind that the 3,000,000 organized workers constitute but one-tenth of the wage-earners of the country. Trade union insurance for 548,000 obviously does not meet the need of 30,000,000.

Group insurance is another expedient cited by Dr. Hoffman. Unfortunately, policies for group insurance commonly embrace only a death benefit, and thus cannot be said to offer protection in time of sickness. Morover, the extension of this form of insurance is dependent upon the good-will of employers, who voluntarily wish to make even this limited provision for their workers.

Our attention is called to the 35,000,000 industrial policies in force at the present time, providing more than $4,500,000,000 of insurance protection in the event of *death* or *maturity*. Mr. Hoffman does not tell us how much protection is afforded through this channel in case of *sickness!*

The most complete survey of the adequacy of present insurance methods is that made by the Social Insurance Commission of California. This study,

covering health insurance obtained through fraternals, trade unions, benevolent societies, commercial companies, and commercial hospital associations, showed that even if there were no duplication among the members thus protected, only one-third of the wage-earners of the state are insured through their voluntary efforts. Even this protection was not complete, for many organizations failed to provide any medical care or, at the most, provided only very limited services; and others, such as the hospital associations, provided no cash benefit. The conclusion of the California Commission was:

"Though many wage-earners, recognizing the advantage of health insurance, organize in various ways to protect themselves, the great majority of the poorer paid wageearners, most in need of protection, will not voluntarily seek it. Even among the persons of better earning capacity, who are still in the group who cannot afford a long illness, there are many who do not see the advantages of the insurance method. *Health insurance, to be effective, must be made compulsory upon the individual worker.*"

Very truly yours,

OLGA S. HALSEY,

American Association for Labor Legislation.

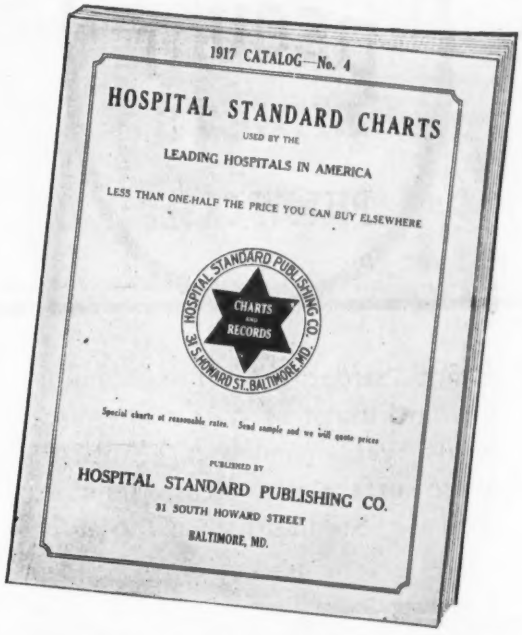
Opens Health Service Building

The American Pulley Company, of Philadelphia, has opened a Health Service Building for its employes. It is in charge of a medical director. The building is of brick and concrete, and is fireproof throughout. There are two floors, and in addition a roofed-over space 36x20 feet at the front, making a third-floor room for bad weather use by employes. At the rear of this room is a flat roof with parapet and railing, where the men can sit in good weather during the lunch hour. The health officer's room is on the first floor, where reports are prepared and records kept. An examination room is also on this floor. A shower bath precedes examination. All applicants for employment are examined before being employed, this including a test of the eyes. The second floor contains steel lockers, wash basins and shower baths. A caretaker is on hand all the time, and thorough cleanliness is required.

The Industrial Commission of New York states that the aggregate amount of compensation paid in New York state under the workmen's compensation law during 1916 was $11,500,000, which includes $5,000,000 for deaths, nearly $4,500,000 for permanent injuries and nearly $2,000,000 for temporary injuries. This does not represent the total economic loss from accident and it does not include the cost of medical benefits, the administration of the compensation law, or the wages and medical loss of injured employes not covered by the compensation. This would probably make the direct and indirect loss of the year amount to nearly $30,000,000.

Dr. Robert H. Jeffrey has been appointed director of the safety department of the W. J. Rainey Company, Uniontown, Pa., to succeed Dr. Samuel A. Baltz, resigned.

Do You Keep Proper Records?



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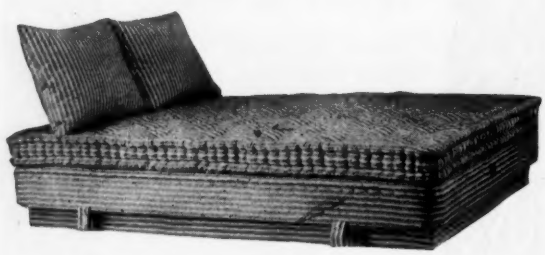

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Suggestions for War Service Made to Hospitals

(Continued from Page 8)

with reference to size, location near terminal facilities and strategic points, including the hospitals of the Atlantic and Pacific coasts and the northern and southern borders, was also recommended. Information should be obtained, the committee advised, as to what facilities they would place at the disposal of the Government in case of need, the possibilities of expansion and whether maintaining convalescent branches or not. This compilation would give the Surgeon General's office a list of approved hospitals available for convalescent military hospitals and other purposes.

The ultimate need of hospitals for handling special lines of work growing out of military operations, such as neurological, orthopedic, urological, shell shock, etc., was also considered. It was felt by the committee that listing the special lines for which provision should be made and the hospitals equipped for such service would supply valuable information.

In listing the personnel of hospital staffs with a view to indicating those who can be spared, it was pointed out that this would be of help in conserving the medical service of the hospitals, as well as enabling the Government to have the names of available men. The committee believed that handling the matter in this way will allay the fears with regard to the interests of the civil hospitals being lost sight of, which it was said are a deterrent factor in increasing the medical organization for the army and navy.

The Navy Department is endeavoring to enlist 2,000 men for the Hospital Corps. Members of the corps have to do with first aid to the injured, and become familiar with the care of the sick, surgical procedures and chemical, bacteriological and pharmaceutical methods, both on ships at sea and at hospitals and stations ashore. Service may be by enlistment for four years or for the period of the war.

Dr. S. S. Goldwater, superintendent of Mt. Sinai Hospital, New York, has been appointed chairman of a committee on hospitals of New York by Mayor Mitchel, who has organized a Committee on National Defense for the metropolis. The resources of the municipal hospitals are to be mobilized, and superintendents of all the New York hospitals have been asked to become members of the committee.

The North-Western General Hospital, of Philadelphia, has offered the use of its facilities for the care of wounded soldiers and sailors, and plans have been made by the staff members for a course of public instruction in first aid work and emergency nursing.

Plan Constructive Exhibits

Non-Commercial Section of Convention Will Be Developed Along More Practical Lines

The American Hospital Association is planning to make its non-commercial exhibit at the Cleveland convention September 10-15 more valuable than previous showings of this kind have been. In his monthly bulletin Secretary W. H. Walsh says on this subject:

"Unless an object possesses some novelty or originality, there is little use in showing it, and each commonplace exhibit detracts from the value of the whole, while it utilizes space that might be occupied by something of real value.

"Dolls, for instance, however beautiful or unique, are lacking in interest unless they are used for the purpose of emphasizing some new part of a uniform or nurse's equipment. Hospital executives are not interested in the various colors of uniforms, nor in the innumerable shapes of caps; but a new cuff, or short sleeve, a more useful cap, shoe or apron or some other innovation that would mean more comfort to the nurse, would immediately attract attention and excite interest.

"Ordinary clinical charts are of little interest unless some new idea is introduced, either for the more efficient registration of clinical data, for the more facile teaching of the nurses or more exact recording of information obtained by physicians. Exhibits of institutional industrial departments are always welcome, and are of intense interest to all those affiliated with hospitals for the insane, tuberculosis and chronics.

"Home-made instruments or appliances, when embodying new ideas, are a great help and incentive to those institutions that do not realize the extent to which the mechanical force can be utilized when not busy with the usual routine."

How to Reduce Restraint

More and Better Nursing, Providing Individual Attention, Would Lessen the Need

The management of disturbed and excited patients in New York state hospitals was discussed at a recent conference by Dr. Ernest M. Poate, senior assistant physician at the Manhattan State Hospital, and his conclusions on the subject are of interest to all hospitals, as well as those having to do with insane patients.

He said:

"From .5 to 5 per cent of the population of the New York state hospitals require daily treatment for excitement. Other things being equal, the number of patients disturbed daily varies with the admission rate. The average number daily requiring restraint

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or seclusion is probably never more than 1 per cent of the population; it ought not to be more than 0.5 per cent.

"Sedative drugs are used too freely, especially hyoscine.

"In many cases, especially in manic-depressive excitements, hydrotherapy is of little value.

"Restraint, in the form of the protection-sheet, is the least dangerous means of controlling intense excitements. Even the cautious use of packs and sedative drugs may cause serious results. Restraint, in this form, can very justly be considered as a means of treatment.

"With the loyal co-operation of an adequate and efficient nursing force, the amount of restraint can and should be reduced. The number of sedatives given, and the number of packs applied can and should be reduced equally. Individual attention and nursing care are of more value in treatment than any of these things, which are really makeshifts, at the best.

"Finally, the writer would urge once more the necessity of a purely pragmatic attitude toward the whole subject of restraint. Every good state hospital man desires to give his patients the optimum of treatment. The assistant physicians of the state hospital service are conscientious; they all desire to reduce restraint to its practicable minimum. But, while the overcrowding of the hospitals, an insufficient force of nurses and the necessity of dividing their attention among two or three hundred patients constrain them to its use, they should be free to apply it according to their best judgment, without fear of adverse criticism. The extent of mechanical restraint should be recorded; but the extent to which wet and dry packs are used should also be recorded; and it should be remembered that neither is as productive of injuries as is manual restraint.

"Patients are in no way benefited by the reduction of restraint if this means merely a proportionate increase in the use of packs and of sedative drugs. Material advance in the treatment of disturbed patients can only be made by the equal reduction of packs, sedatives and restraint; this demands an increased and better trained nursing force, so that patients may be given more individual attention."

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(Advertisements under "Positions Wanted" and "Help Wanted" published for subscribers without charge. To others, the rate is 20 cents a line; minimum charge, 50 cents. Cash must accompany order.)

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Dr. H. B. Howard, superintendent of Peter Bent Brigham Hospital, of Boston, led the discussion of the paper, his remarks being of a definitely practical character.

"Artistic and beautiful things," he said, "are playing a large part in hospital progress. During our time, however, the big problem has been to convert the hospital from the most dangerous to the safest of places. Cleanliness was given first place, leading to everything being finished in white. Perhaps this was carried to excess, as shining white surfaces were not always pleasant for patients. This was realized, as we have always felt that the patient should be rolled out-of-doors just as quickly as possible.

"When we moved into the present building of Peter Bent Brigham Hospital, we changed so quickly that the walls were unfinished. They were gray up to a certain point and white above. The patients found this soft gray background restful, and following this suggestion we reproduced this when the walls were painted.

When Dr. Howard told the superintendents assembled at the Philadelphia convention about the value of a restful background in hastening the recovery of his patients, they benefited from the experience of one of the greatest hospital administrators in this country. In his work at Peter Bent Brigham Hospital, Dr. Howard has studied every possible feature which will make for the comfort of his patients—and it is his conclusion that the most restful and satisfactory finish for hospital walls is a soft gray.

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